CITY OF COVENTRY.

Annual Report

ON THE

HEALTH OF THE CITY

BY

E. H. SNELL, M.D., B.Sc., Lond., F.R.S., Ed.

Barrister-at-Law,

MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER.

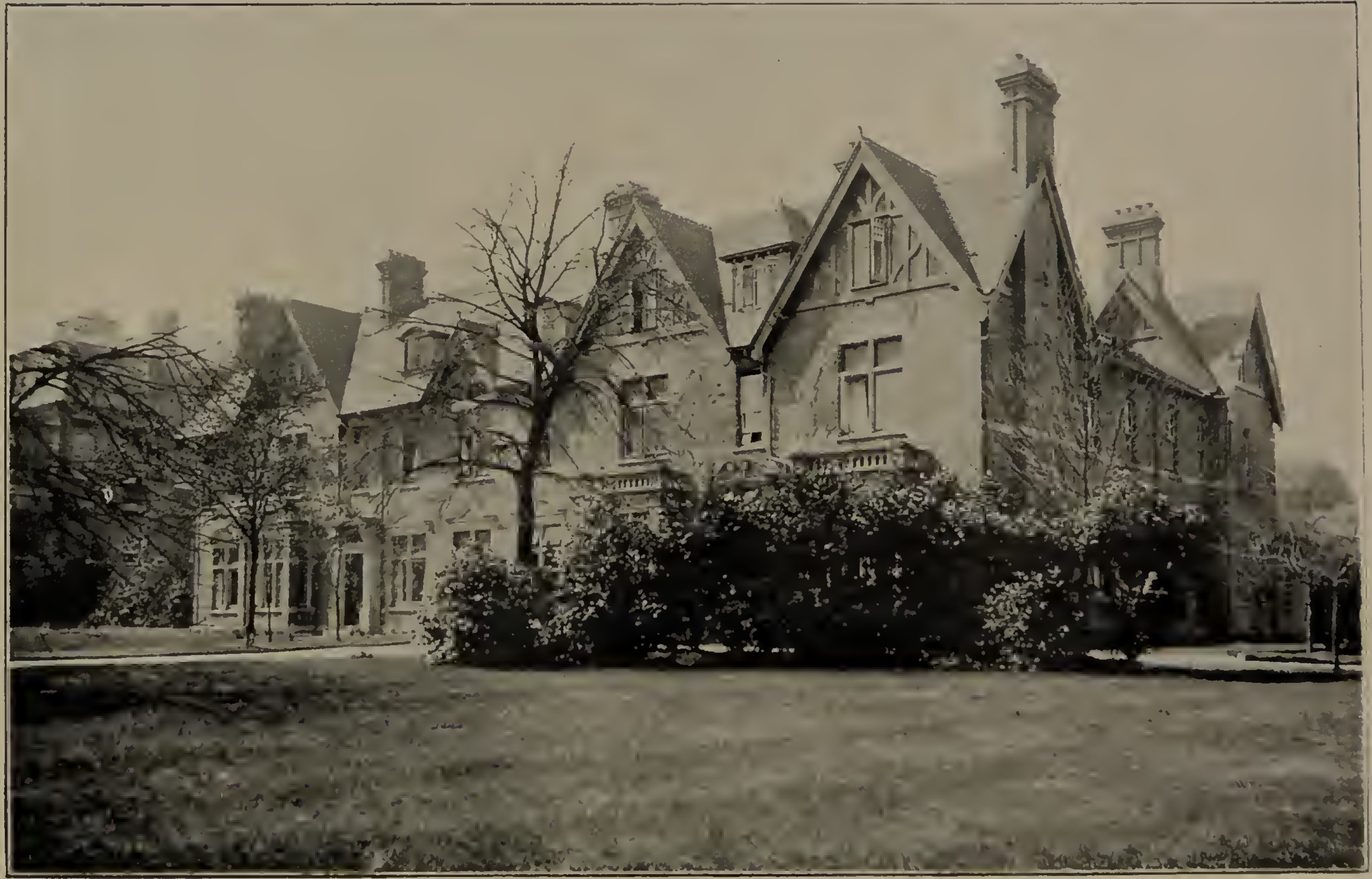
1914.

COVENTRY
Curtis & Beamish, Ltd., 50, Hertford Street.

"This royal throne of kings, this sceptred isle,
This earth of majesty, this seat of Mars,
This other Eden, demi-paradise,
This fortress, built by Nature for herself,
Against infection and the hand of war;
This happy breed of men, this little world,
This precious stone set in the silver sea,
Which serves it in the office of a wall,
Or as a moat defensive to a house,
Against the envy of less happier lands;
This blessed plot, this earth, this realm, this England."

Shakespeare

THE PROPERTY OF
THE NATIONAL BUREAU
OF ECONOMIC RESEARCH



City Hospital Extended Administrative Block.

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The Health of the City

.. BY ..

E. H. SNELL, M.D., B.Sc., Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW

Diplomate in Public Health of the University of Cambridge; Fellow of the Royal Society of Edinburgh; Fellow of the Royal Sanitary Institute, the Royal Institute of Public Health, and of the Royal Society of Medicine; Past-President of the Midland Branch of the Society of Medical Officers of Health; Member of the Royal College of Surgeons, and the Medico-Legal Society.

1914.

Coventry:
CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET.

SANITARY COMMITTEE.

Mr. Alderman W. Hewitt, *Chairman.*
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S., *Vice-Chairman.*
The Mayor (Mr. Councillor M. K. Pridmore).
Mr. Alderman W. Lee, J.P.
Mr. Councillor A. H. Barnacle.
Mr. Councillor Collington, M.R.C.S.
Mr. Councillor A. Friswell.
Mr. Councillor H. H. Kendrick, M.R.C.S.
Mr. Councillor A. J. Makepeace, L.D.S., R.C.S.
Mr. Councillor J. Orton, M.D., D.P.H.
Mr. Councillor S. G. Poole.

FIXED MEETINGS.

Jan. 7th, 1915.
Feb. 4th, ,,
Mar. 11th, ,,
April 1st, 1915.
May 6th, ,,
June 10th, ,,
July 8th, 1915.
Sept. 9th, ,,
Oct. 7th, ,,

SANITARY STAFF.

Medical Officer of Health -	E. H. Snell, M.D., D.P.H.
Public Analyst - - -	A. Bostock Hill, M.D., D.P.H.
Veterinary Inspector - -	William Dale, M.R.C.V.S.
Inspector of Nuisances -	W. H. Clarke.*
Senior Assistant - -	J. H. Drury.*‖¶
Housing Inspector - -	W. Martin.*‖
Assistants - - - -	J. Barnish.*‖ F. W. Mortimer.*‖ J. F. Lord.*‖
Sub-Assistant Inspector -	T. Preedy.
Health Visitors - - -	Miss S. G. Barratt.*†‡§ Miss V. McCleary.*‡§ Miss H. G. Tod.†§
Correspondence Clerk -	F. Evans.
Senior Clerk - - -	W. Storer.
Junior Clerks - - -	W. H. Sidwell. S. Clarke.
Disinfector - - -	C. J. Emerson.
Assistant Disinfector and Motor Driver - -	S. Mansfield.

* Inspector's Certificate of Royal Sanitary Institute.
† Health Visitor's Certificate of Royal Sanitary Institute.
‡ Inspector's Certificate of Sanitary Inspectors' Examination Board.
§ Certificate of Central Midwives Board.
‖ Certificate of Royal Sanitary Institute for Inspecting Meat and other foods.
¶ Certificate of Royal Sanitary Institute for Hygiene in its bearing on School Life.

CITY HOSPITAL SUB-COMMITTEE.

Mr. Alderman W. Hewitt, *Chairman.*
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S., *Vice-Chairman.*
Mr. Alderman W. Lee, J.P.
Mr. Councillor Collington, M.R.C.S.
Mr. Councillor A. Friswell.
Mr. Councillor H. H. Kendrick, M.R.C.S.

FIXED MEETINGS—EVERY FOURTH TUESDAY.

Being in each case the Tuesday preceding the Thursday meetings of the Sanitary Committee.

At 3 p.m., at the City Hospital.

CITY HOSPITAL OFFICERS.

Matron - - - - -	Miss M. Davidson.
Medical Superintendent - -	E. H. Snell, M.D.

DISEASES OF ANIMALS SUB-COMMITTEE.

(To carry into effect the Diseases of Animals Acts, 1894 and 1896, and the Orders of Board of Agriculture thereunder, having delegated to them all the powers which the Committee, under the said Acts and Orders respectively, have power to delegate).

Mr. Alderman W. Hewitt.
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S.
Mr. Councillor Orton, M.D., D.P.H.

PUBLIC ABATTOIR & MUNICIPAL LODGING HOUSE SUB-COMMITTEE.

(To consider and report upon the questions of providing a Public Abattoir and a Municipal Lodging House).

The Mayor.
Mr. Alderman W. Hewitt.
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S.
Mr. Alderman W. Lee, J.P.
Mr. Councillor A. H. Barnacle.
Mr. Councillor S. G. Poole.

SANATORIUM SELECTION SUB-COMMITTEE.

Mr. Alderman W. Hewitt.
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S.
Mr. Alderman W. Lee, J.P.

UNFIT HOUSES SUB-COMMITTEE.

(To visit Houses reported by the Medical Officer of Health as being unfit for habitation, and report to the Committee thereon).

Mr. Alderman W. Hewitt.
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S.
Mr. Alderman W. Lee, J.P.
Mr. Councillor A. Friswell.
Mr. Councillor H. H. Kendrick, M.R.C.S.
Mr. Councillor A. J. Makepeace, L.D.S., R.C.S.
Mr. Councillor S. G. Poole.

MENTAL DEFICIENCY COMMITTEE.

(Appointed pursuant to the Mental Deficiency Act, 1913).

Mr. Alderman W. Hewitt.
Mr. Alderman T. A. B. Soden, J.P., M.R.C.S.
Mr. Alderman W. Lee, J.P.
Mr. Councillor Barnacle,
Mr. Councillor Poole,
Mrs. S. A. Griffiths.

PART I.

Vital Statistics, &c.

CITY OF COVENTRY.

Fortieth Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.

To the Right Worshipful the Mayor, Aldermen, and Councillors of the City of Coventry.

Mr. Mayor and Gentlemen,

I have the honour of submitting to you the fortieth Annual Report—the eighteenth that I have presented—concerning the vital statistics and general sanitary condition of your City.

Once again I have the privilege of being able to place on record figures, which prove that one of the outstanding features of Coventry amongst manufacturing towns lies in its consistently good health statistics. In my report for 1913 I put forward reasons for thinking that these are not entirely due to accident. They are due largely to the steps which have been taken for many years past by the Local Authority in combatting the many disadvantages inherited by an old walled City. Doubtless much more can be done, and much more will be done. The narrow streets left from mediæval times within the boundary of the walls are not merely a hindrance to traffic and an inconvenience to the inhabitants, but they interfere with the ventilation and natural lighting of the houses. When many of these streets were first planned (if such a term can be used) the population was probably seventeen times less than at present. These conditions only pertain in the central and ancient portion of the City, a minor portion in area, though doubtless the most valuable. On this account it is the more costly to deal with. Your Council has during the year adopted an important scheme for forming certain large and wide streets in the centre of the City. It was thought wise to defer this matter on the outbreak of war.

The recorded death rate for the year was 11.7. On only two previous occasions was a lower figure reached, viz., in 1910 and 1913, when it was 11.4.

The infantile death rate was 84.6. On only one previous occasion was a lower figure recorded, viz., in 1912, when it was 76.1.

A summary of the statistics for the year is given below :—

Summary of Vital Statistics.

The principal features of the vital statistics for the year 1914 have been as follow :—

Estimated population at the middle of the year, 119,003.

Birth Rate, 26.9. Average for previous 10 years, 27.6.

Marriage Rate, 18.2. Average for previous 10 years, 17.1.

Recorded Death Rate, 11.7. Average for previous 10 years, 13.1.

Infantile Death Rate, 84.6 per 1,000 births. Average for previous 10 years, 104.0.

Zymotic Death Rate, 0.70. Average for previous 10 years, 1.36.

Respiratory Death Rate (excluding Phthisis), 1.83.

Phthisis Death Rate, 1.26. Average for previous 10 years, 1.04.

Death Rate from other forms of Tuberculosis, .25.

Physical Features of the City and District.

In a Memorandum as to Annual Reports of Medical Officers of Health, issued by the Local Government Board, one of the subjects suggested as deserving to be borne in mind in the preparation of these reports is that of the physical features and general character of the district, and it is pointed out that these reports are for the information of the Board as well as of the Council of the district, and that a statement of the local circumstances, and a history of local sanitary questions, which may seem superfluous for the latter, may often be needed for the former body.

The Annual Report for 1910, in an Appendix, contained a brief description of the physical features of the district, kindly supplied me by the late Mr. Alderman W. Andrews, F.G.S.

Population.

The population has been estimated on the supposition that the rate of increase which pertained between the census of 1901 and the census of 1911 has been continuing. The rate at which houses are being built and occupied indicates that this supposition is a reasonable one. The figure arrived at in this way has been 119,003; and on this figure the vital statistics for the year have been calculated.

Vital Statistics of the Wards.

The following table shows the estimated populations of the several wards, and the particulars on which these estimates are based, viz., the newly-completed houses at the middle of the year, the houses demolished, and vacant houses; it also gives the birth and death rates for the several wards, based on these estimates, and also the infantile mortality rates, which being based on the comparison of the infantile deaths to the actual number of births which occurred, are not based on estimates.

WARDS.	Estimated Population, middle of 1913.	Estimated Population, middle of 1914.	Houses Completed July 1st, 1913 to June 30th, 1914.	Demolished in 1914.	Estimated Increased Population. July 1913 to June 1914.	Deaths Registered.	Death Rate, 1914.	Average Death Rate (10 years).	Births Registered.	Birth Rate, 1914.	Deaths under 1 year.	Infantile Death Rate.
Radford ..	8797	9570	185	2	773	103	10·7	11·5	225	23·5	22	97·7
Foleshill ..	12977	13540	114	..	563	134	9·8	12·9	417	30·7	31	74·3
Harnall ..	8737	8737	..	..	..	111	12·7	12·1	191	21·8	20	104·1
Swanswell ..	10333	10610	73	13	277	117	11·0	13·3	317	29·8	24	75·7
Bablake ..	5629	5555	1	18	..	88	15·8	16·1	126	22·6	13	103·1
Cheylesmore	7400	7400	15	17	..	134	18·1	19·5	177	23·7	19	107·3
Hearsall ..	15756	17106	309	10	1350	149	8·7	10·2	433	25·3	27	64·6
Grey Friars	6327	6315	..	7	..	100	15·8	12·5	137	21·6	23	167·8
Hill Fields ..	8922	8922	2	4	..	91	10·1	11·9	207	23·2	16	77·2
All Saints ..	6384	6384	..	..	..	111	17·3	13·5	173	27·0	23	132·9
St. Mary's ..	5928	5910	..	8	..	76	12·8	15·7	179	30·2	14	78·2
Stoke ..	17874	18954	288	..	1080	185	9·7	11·6	615	32·4	39	63·4
	115061	119003	987	79	3939	1399	11·7	13·1	3197	26·9	271	84·6

The following Wards show a decrease in population :—Bablake, 74; Grey Friars, 12; St. Mary's, 18.

Occupied Houses, census, 1911
23,410

Vacant Houses, census, 1911,
382.

Vacant Houses, Nov., 1914,
99.

Too much importance must not be attached to those figures in the above table, which are based on estimated populations. As in the previous year, however, it is notable that Cheylesmore Ward again has the heaviest death rate, and its average for the past ten years is higher than that of any other ward. This is partly accounted for by the fact that deaths occurring in the Workhouse, or among Coventry residents in the Hatton Asylum, are regarded as having taken place at the Workhouse in those cases where the previous residence was not known. Some such cases inevitably occur every year.

The heaviest infantile mortality was in Grey Friars Ward. It may be noticed that this figure is lowest in those Wards on the outskirts of the City where the most extensive building operations have been going on. The housing conditions in such Wards must be regarded as better than those pertaining in the more central portions of the City, and further than this, there is probably a difference in type between the people housed.

The following Tables record the vital statistics and general growth of the City as far as information can be acquired.

Coventry was constituted a separate County by Charter of Henry VI., 1451.

Incorporated with the County of Warwick, 1842.

Constituted a County Borough, 1888.

Area = 4,147 acres.

Rateable Value,	1914	£465,484	0s.
,, ,,	1904	£301,390	0s.
,, ,,	1894	£162,430	0s.

Density of Population, 1914 = 28·7 per acre.
,, ,, 1913 = 27·7 ,,
,, ,, 1912 = 26·8 ,,
,, ,, 1911 = 25·8 ,,
,, ,, 1910 = 24·6 ,,
,, ,, 1901 = 16·9 ,,

Average number of persons to each occupied house, 1914 = 4·6
,, ,, ,, 1913 = 4·5
,, ,, ,, 1912 = 4·5
,, ,, ,, 1911 = 4·5
,, ,, ,, 1910 = 4·5
,, ,, ,, 1901 = 4·5
,, ,, ,, 1891 = 4·5

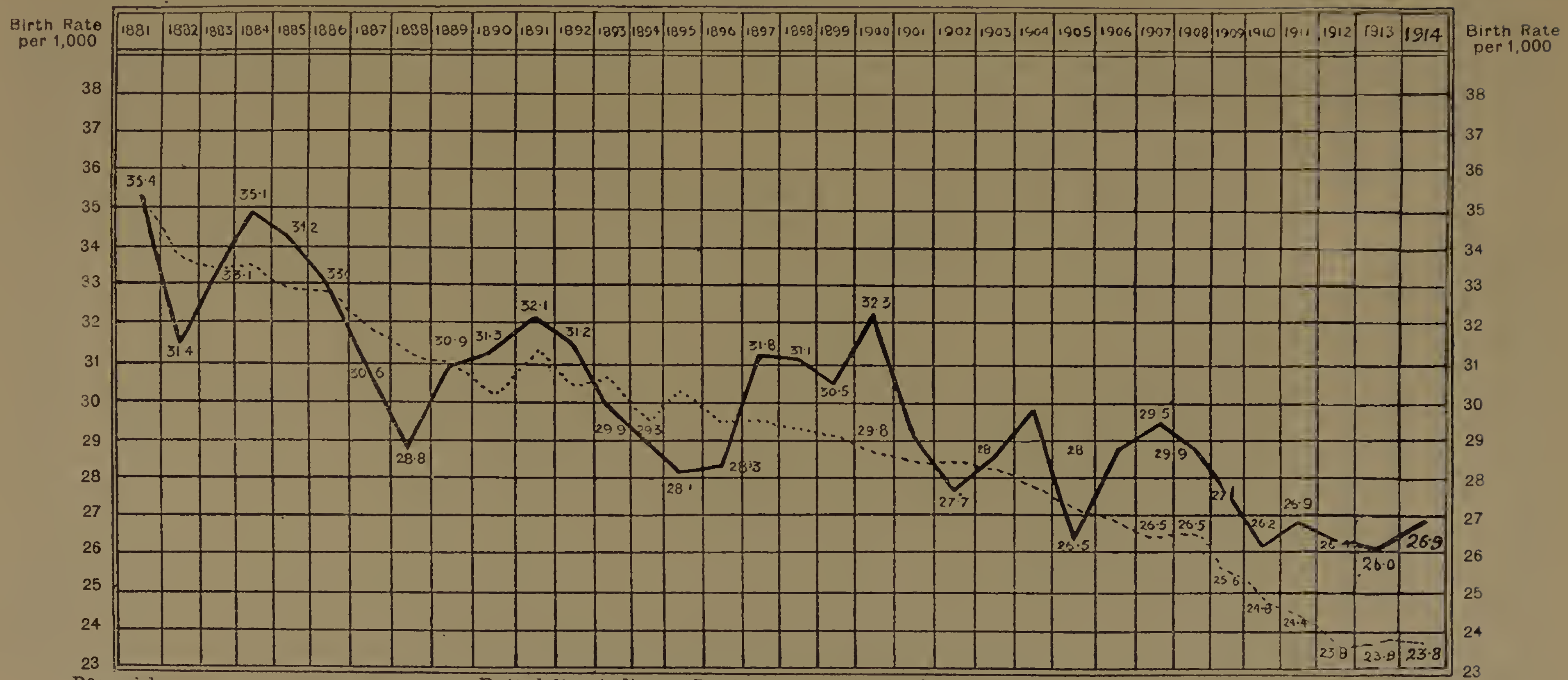
Year.	Houses Inhabited.	Vacant.	Population.	Mortality.	Zymotic Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	....	....	7,000	......	......	......	......
1586	....	....	6,502	......	......	......	......
1643	....	....	9.500	......	......	......	......
1694	....	....	6,711	......	......	......	......
1723	1.934	....	....	......	......	......	......
1748	2,066	....	12,817	32 ?	......	......	35 ?
1801	2,930	....	16,034	......	......	......	......
1811	3,448	*60	17,923	......	......	......	......
1821	3.729	*114	21,448	......	......	......	......
1831	5.444	*421	27,298	......	......	......	......
1841	6,531	*590	31,032	......	......	......	......
				Ten Years' Average.			
1851	7,783	*151	36,812	27	......	......	......
1861	8,991	*1,026	40,936	25	......	......	......
1871	8,535	*816	37,670	22	......	......	......
1881	9,223	*643	42,111	20	3·3	150	35·4
1891	11,496	*284	52,724	18·5	1·7	142	32·0
1901	15.571	353	69,877	16·96	1·9	153·7	29·8
1911	19,500	218	87,188	13·7	1·4	109·3	28·0
1897	†12,440	73	61,234	16·8	1·8	157	31·3
1898	†12,939	75	61,555	17·3	2·9	200	31·1
‡1899	†13.297	112	61,796	19·0	2·2	164	30·5
1900	15.461	292	70,075	17·5	2·4	131	32·3
1901	15,571	353	70.300	17·1	2·5	150	29·2
1902	16,240	239	73,000	13·7	1·1	107	27·7
1903	16,821	286	75,700	15·9	1·9	114	28·6
1904	17,202	547	77,500	14·8	1·5	137	29·9
1905	17,888	162	81,000	13·7	1·3	104	26·5
1906	18,726	87	83,900	14·8	2·5	144	28·8
1907	19,706	89	87.000	13·2	·83	102	29·5
1908	20,581	281	91.000	13·3	·94	93·1	28·9
1909	21,730	273	93,500	13·7	1·6	96·8	27·8
1910	22,592	129	102,000	11·4	·75	86·0	26·2
1911	23,515	95	107,287	13·3	2·08	109·8	26·9
1912	24,590	50	111,166	11·9	1·35	76·1	26·4
1913	25,051	113	115,064	11·4	0·84	91·6	26·0
1914	25,860	99	119,003	11·7	0·70	84·6	26·9

*This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

†This number omits all business offices, factories, etc.

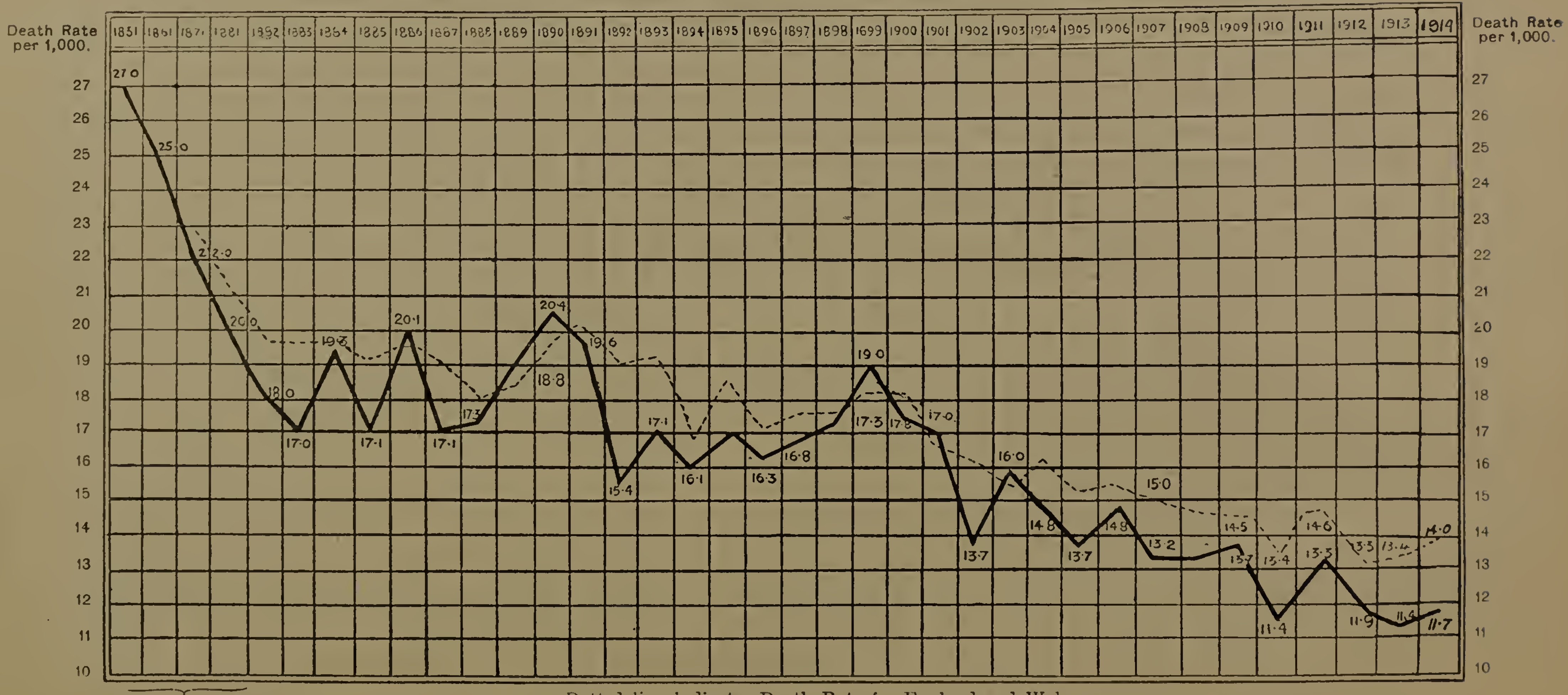
‡These figures omit the added area.

CHART SHOWING DECLINE OF COVENTRY BIRTH RATE SINCE 1881.



Dotted line indicates Birth Rate for England and Wales.

CHART SHOWING DECLINE OF COVENTRY DEATH RATE SINCE 1851.



Decennial Averages.

Dotted line indicates Death Rate for England and Wales.

Marriages.

The number of marriages has been 1,091. This gives a marriage rate of 18.2. The average for the previous ten years was 17.1. The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally :—

Year.	No. of Marriages	Rate.	Rate for England.
1897	622	20·2	16·0
1898	634	20·2	16·3
1899	588	18·4	16·5
1900	642	17·5	16·0
1901	578	16·4	15·9
1902	634	17·3	15·8
1903	574	15·3	15·6
1904	580	15·0	15·2
1905	627	15·4	15·3
1906	802	19·1	15·6
1907	797	18·3	15·8
1908	778	17·0	14·9
1909	796	17·0	14·6
1910	886	17·4	14·8
1911	938	17·4	15·2
1912	959	17·2	15·5
1913	1026	17·8	15·5
1914	1091	18·2	15·9

Births.

There were 3,203 births registered as having taken place during the year within the City. The birth rate for the year has been 26.9. The average rate for the previous ten years was 27.6. There were 65 illegitimate births registered, or 2.0 per cent. of the total. In 1913 the percentage was 2.0, and in 1912 2.2.

The birth rate is compared with that for the whole of England and Wales in the following table :—

Year.	No. of Births	Birth Rate	Rate for England and Wales.
1895	1579	28·1	30·4
1896	1679	28·3	29·7
1897	1920	31·3	29·7
1898	1916	30·6	29·4
1899	1871	29·4	29·3
1900	2269	31·0	28·9
1901	2053	29·0	28·5
1902	2023	27·7	28·6
1903	2165	28·6	28·4
1904	2322	29·9	27·9
1905	2153	26·5	27·2
1906	2422	28·8	27·0
1907	2571	29·5	26·3
1908	2630	28·9	26·5
1909	2601	27·8	25·6
1910	2674	26·2	24·8
1911	2886	26·9	24·4
1912	2943	26·4	23·8
1913	2999	26·0	23·9
1914	3203	26·9	23·8

Deaths.

There have been 1,381 deaths registered as having taken place during the year within your City; of these, 30 were deaths of non-residents; these have been referred to the districts in which they ordinarily resided; and there were 48 deaths of residents which occurred elsewhere; these have to be added to the above number. The actual number of deaths therefore, which has to be regarded in estimating the death rate is 1,399. This gives a *recorded* death rate of 11.7 per thousand of the population. On page 18 is represented a table showing the weekly variations in the uncorrected death rates for the expired portions of each year for the past ten years.

The following table shows the mean age at death of the persons who died in the past twenty years:—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1914	1399	55635	39·7
1913	1318	48110	36·5
1912	1330	49040	36·8
1911	1431	50873	35·4
1910	1162	44595	38·3
1909	1285	46589	36·2
1908	1217	45744	37·5
1907	1152	42072	36·5
1906	1247	45236	36·2
1905	1114	41866	38·0
1904	1132	39623	35·0
1903	1188	43270	36·4
1902	1007	36743	36·4
1901	1203	39709	33·0
1900	1223	42687	34·5
1899	1182	40156	36·5
1898	1060	29858	28·1
1897	1037	35045	33·8
1896	965	33544	34·7
1895	953	33486	35·1

To compare the "Recorded" death rate with that of other towns, it is necessary to make an allowance for the difference in age and sex constitution of the different towns. This is done by obtaining from the "Standard" *death rate of each town the "Factor for Correction." † The "Factor for Correction" for

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*The "Standard" death rate signifies the rate at all ages calculated on the hypothesis that the rates for each sex at each of twelve age-periods in each town were the same as in England and Wales during the ten years 1901-1911.

†The "Factor for Correction" is obtained by dividing the "Standard" death rate in England and Wales by the "Standard" death rate in each town, and is the figure by which the "Recorded" death rate should be multiplied in order to correct for variations of sex and age distribution. This gives the "Corrected" death rate.

Coventry is 1.0671; the recorded death rate is then multiplied by this factor for correction, and the resulting figure is the "Corrected" death rate. The corrected death rate of Coventry in 1914 was 12.48; this is in excess (.76) of the recorded death rate, which is another way of saying that in Coventry the sex and age constitution of the population is so circumstanced that it tends to the advantage of Coventry so far as the actual death rate recorded is concerned.

The death rate	for	England and Wales was ...	14.0
,,	,,	the 97 great towns was ...	14.7
,,	,,	the 145 smaller towns was ...	12.9
,,	,,	rural England and Wales was	13.4

For the purpose of comparison I am inserting the principal vital statistics for the 97 great towns which are now dealt with by the Registrar-General in his weekly returns. It will be noticed that there is some discrepancy between the figures for Coventry in this table and those in this Report; this arises partly from the fact that the year dealt with in the table does not commence on January 1st and end on December 31st as in this Report, but accommodates itself to the beginning and ending of the nearest week.

Town.	Estimated Population middle of 1914.	Annual Rate per 1000 living.		Deaths of Children under one year of age to 1000 Births.	Uncertified Deaths per cent. of Total.
		Births.	Deaths.		
97 Large Towns	18,120,059	24·8	13·1	113	0·8
London	4,516,612	24·6	14·4	103	0·1
Croydon	181,956	22·0	10·8	80	—
Wimbledon	59,598	18·1	10·0	72	—
Ealing	71,030	16·9	9·4	65	0·4
Acton	64,369	22·8	10·7	98	—
Willesden	167,922	23·5	10·3	86	0·1
Hornsey	88,953	16·6	8·7	57	—
Tottenham	149,495	25·4	11·2	92	—
Edmonton	71,024	27·2	10·4	84	—
Enfield	61,069	21·3	9·7	81	—
West Ham	296 570	30·1	14·7	106	0·1
East Ham	146,526	23·3	10·0	78	—
Leyton	133,719	20·5	10·0	80	—
Walthamstow	134,825	22·8	10·3	80	—
Ilford	91,041	16·3	7·7	61	—
Gillingham	55,559	22·8	11·6	89	2·5
Hastings	59,620	14·0	13·7	65	0·2
Eastbourne	55,662	14·9	8·6	57	0·4
Brighton	133,936	17·5	13·2	83	0·1
Portsmouth	245,827	23·2	12·4	85	0·9
Bournemouth	85,254	13·0	10·1	72	0·1
Southampton	123,948	23·7	13·7	90	0 2
Reading	90,083	19·9	11·7	90	1·8
Oxford	54,339	16·7	11·9	68	—
Northampton	91,123	20·7	13·6	87	0·8
Cambridge	57,676	17·1	12·3	80	0·3
Southend-on-Sea	83,908	17·3	9·5	65	4·1
Ipswich	76,472	23·4	13·6	104	—
Great Yarmouth	57,502	22·9	16·0	115	—
Norwich	124,107	20·2	13·6	111	0·2
Swindon	52,750	22·4	11·4	75	0·2
Exeter	60,788	19·5	13·2	85	0·1
Plymouth	113,559	23·3	17·0	126	—
Devonport	85,589	23·7	10·9	80	—
Bath	70,292	15·3	12·7	58	0·2
Bristol	363,312	21·4	13·3	100	—
Gloucester	50,759	22·2	13·8	104	2·4
Stoke-on-Trent	241,430	31·7	17·4	144	1·6
Wolverhampton	95,725	27·0	15·5	114	0·1
Walsall	94,093	28·6	14·5	118	0·1
West Bromwich	69,430	31·6	15·4	108	2·6
Dudley	51,895	29·0	16·0	137	2·3
Birmingham	868,430	26·8	14·8	122	3·4
Smethwick	76,314	26·1	13·1	106	0·6
COVENTRY	119,003	26·3	11·6	86	2·3
Leicester	232,664	21·8	13·8	120	0·7
Lincoln	60,243	22·1	12·2	92	0·7
Grimsby	78,667	26·9	14·4	130	1·1

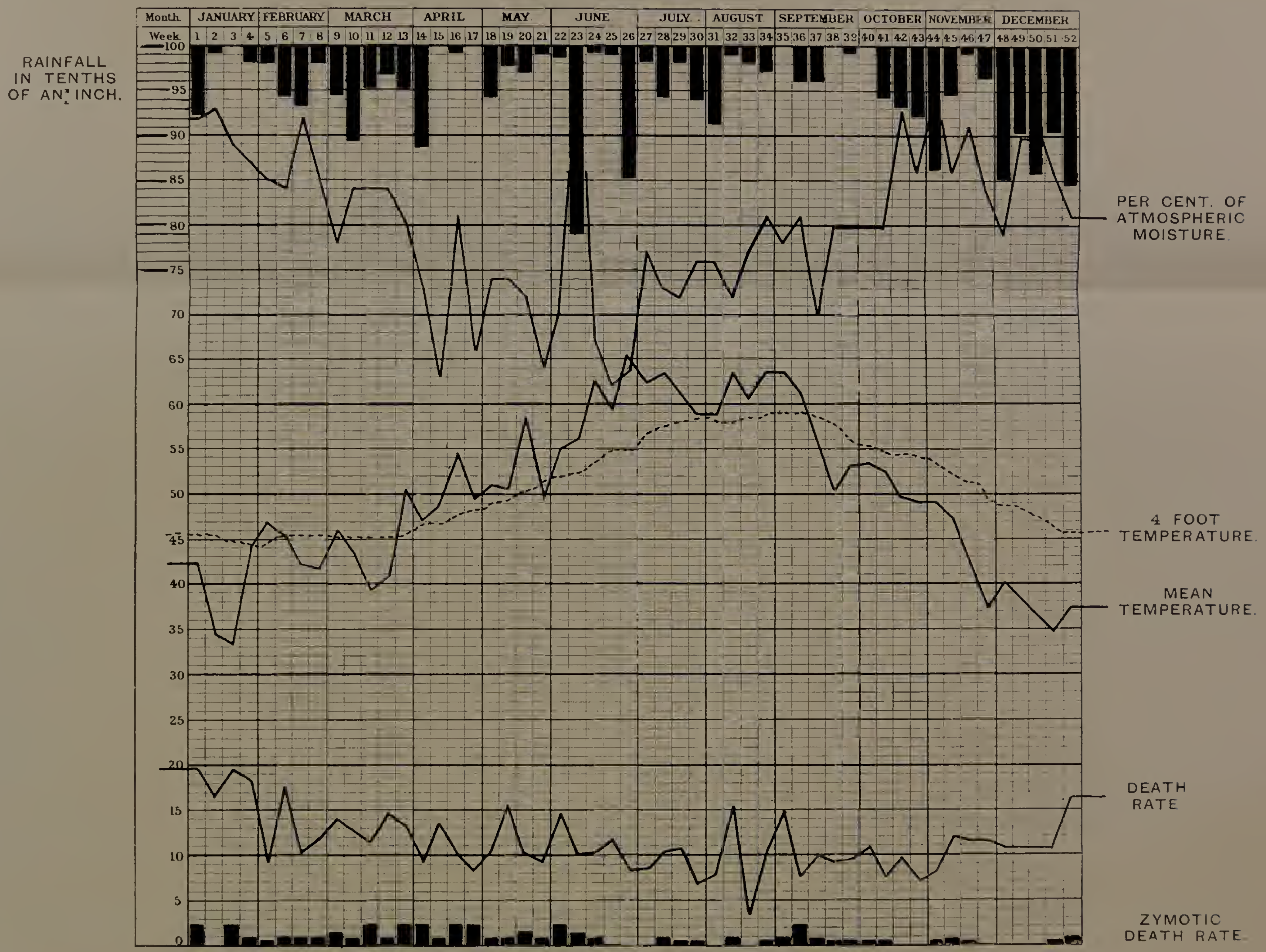
Town.	Estimated Population middle of 1914.	Annual Rate per 1000 living		Deaths of Children under one year of age to 1000 Births.	Uncertified Deaths per cent. of Total.
		Births.	Deaths.		
Nottingham	266,918	23·2	15·1	145	0·5
Derby	126,389	23·8	12·7	92	—
Stockport	126,040	21·5	13·7	124	0·6
Birkenhead	137,710	27·4	15·0	120	0·3
Wallasey	87,175	20·8	12·1	93	—
Liverpool	767,992	30·1	19·3	139	2·4
Bootle	73,230	30·8	16·1	122	4·6
St. Helens	100,775	33·2	16·7	138	3·5
Southport	71,747	14·2	13·7	96	2·1
Wigan	91,491	29·5	17·4	141	—
Warrington	74,923	29·7	15·8	113	3·3
Bolton	185,247	22·0	14·4	119	0·2
Bury	59,213	19·7	15·8	123	2·3
Manchester	738,538	25·6	16·6	127	0·2
Salford	234,975	26·5	16·4	125	0·1
Oldham	151,044	23·0	17·6	138	—
Rochdale	94,320	19·7	15·8	128	2·0
Burnley	110,040	23·6	16·0	157	0·5
Blackburn	134,387	20·9	14·6	115	1·6
Preston	118,514	23·8	15·6	142	2·5
Blackpool	62,206	15·2	14·5	114	3·3
Barrow-in-Furness	65,921	29·7	14·2	107	2·5
Huddersfield	112,265	18·1	14·5	112	0·9
Halifax	100,373	17·8	14·8	102	0·3
Bradford	291,482	19·6	15·5	123	0·2
Leeds	459,260	23·4	14·8	124	—
Dewsbury	54,083	24·0	15·5	113	—
Wakefield	52,643	22·7	14·0	103	0·4
Barnsley	53,929	30·4	17·3	155	0·3
Sheffield	476,971	27·2	16·2	132	0·6
Rotherham	65,313	30·1	15·3	119	1·6
York	83,802	22·5	13·2	117	—
Hull	291,118	27·2	15·1	121	0·5
Middlesborough	126,452	32·3	18·9	150	0·6
Darlington	59,500	27·1	13·4	98	4·5
Stockton-on-Tees	59,311	30·3	17·4	123	0·7
West Hartlepool	64,374	29·4	15·5	106	0·8
Sunderland	152,927	32·3	16·8	134	1·7
South Shields	111,357	31·5	17·2	136	3·3
Gateshead	119,362	31·3	18·0	148	5·0
Newcastle-on-Tyne	273,415	27·7	16·9	136	0·4
Tynemouth	61,408	28·4	15·6	129	3·2
Carlisle	52,813	22·8	14·9	122	3·2
Newport (Mon.)	89,404	25·5	13·0	117	0·1
Cardiff	188,495	25·4	13·8	110	—
Rhondda	166,365	33·2	14·1	137	0·2
Merthyr Tydfil	85,082	27·7	15·3	119	0·3
Aberdare	53,427	29·6	13·1	96	0·6
Swansea	121,665	26·8	15·5	141	0·3

DEATH RATE.

From 1st of January each year to the end of each week, or to the Saturday nearest to the date mentioned in the first column for the past 10 years.

Week.	Date.	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	Av'rage for pas 10 year
	Jan.											
1	,, 7	24·3	12·9	13·4	11·0	16·0	9·3	13·1	9·8	8·7	10·5	12·9
2	,, 14	22·2	16·0	13·2	13·5	12·1	10·0	14·0	13·6	10·3	16·8	14·1
3	,, 21	21·9	14·3	13·9	12·9	12·2	10·7	15·0	13·7	12·0	16·7	14·3
4	,, 28	21·5	14·0	14·7	13·6	13·4	12·3	16·4	14·5	13·1	17·6	15·1
	Feb.											
5	,, 4	20·1	13·1	13·9	13·4	12·9	13·2	15·7	14·8	14·8	17·7	14·9
6	,, 11	19·6	14·1	14·5	14·0	13·2	13·1	16·2	15·4	15·5	16·2	15·1
7	,, 18	18·0	14·5	14·8	13·2	13·4	13·1	16·1	15·3	16·0	16·5	15·0
8	,, 25	17·1	14·3	14·9	13·5	13·9	12·9	15·7	14·6	16.0	15·6	14·8
	Mar.											
9	,, 4	16·5	14·2	14·5	13·5	14·0	13·0	15·4	14·1	15·7	15·1	14·6
10	,, 11	16·5	14·3	14·2	13·9	14·6	13·3	15·1	13·8	15·2	15·0	14·5
11	,, 18	16·2	14·5	14·3	14·3	15·0	13·2	15·5	13·9	15·9	14·8	14·7
12	,, 25	16·1	14·8	14·1	14·3	14·7	13·1	15·6	14·0	15·4	14·5	14·6
	April											
13	,, 1	16·6	14·7	14·0	14·1	15·1	12·7	15·9	14·3	15·1	14·5	14·7
14	,, 8	16·5	14·8	14·0	14·0	15·1	12·7	15·8	13·9	14·6	14·4	14·5
15	,, 15	16·2	14·7	14·2	14·1	15·3	12·6	15·6	13·5	14·1	14·0	14·4
16	,, 22	16·0	15·2	13·9	14·4	15·0	12·7	15·2	13·3	13·8	14·0	14·3
17	,, 29	16·2	15·8	13·6	14·4	15·1	12·8	14·7	13·1	13·7	13·8	14·3
	May											
18	,, 6	16·0	15·2	13·7	13·8	15·0	12·6	14·7	13·0	13·7	13·5	14·1
19	,, 13	16·7	15·0	14·0	14·3	15·3	12·6	14·6	13·1	13·7	13·3	14·2
20	,, 20	16·7	14·7	13·9	14·3	15·5	12·5	14·2	12·8	13·4	13·4	14·1
21	,, 27	16·6	14·5	13·9	14·1	15·6	12·4	14·2	12·2	13·3	13·3	14·0
	June											
22	,, 3	16·5	14·6	13·9	14·0	15·4	12·4	14·0	12·6	13·2	13·1	13·9
23	,, 10	16·4	14·4	14·1	13·8	15·5	12·2	13·8	12·5	13·0	13·2	13·8
24	,, 17	16·4	14·3	13·8	13·7	15·5	12·2	13·8	12·6	12.9	13·1	13·8
25	,, 24	16.3	14·3	13·8	13·6	15·2	12·1	13·8	12·4	12·7	12·9	13·7
	July											
26	,, 1	16·1	14·3	13·3	13·5	15·3	11·9	13·7	12·3	12·6	12·9	13·5
27	,, 8	15·9	14·0	13·6	13·4	15·2	11·8	13·7	12·0	12·5	12·7	13·4
28	,, 15	15·8	13·8	13·4	13·3	14·4	11·7	13·5	12·0	12·5	12·6	13·3
29	,, 22	15·8	13·6	13·5	13·2	15·0	11·7	13·4	11·7	12·4	12·5	13·2
30	,, 29	15·5	13·4	13·4	13·3	14·9	11·7	13·3	11·5	12·3	12·4	13·1
	Aug.											
31	,, 5	15·4	13·6	13·6	13·4	14·8	11·0	13·3	11.0	12·1	12·2	13·0
32	,, 12	15·3	13·5	13·3	13·4	14·6	10·9	13·2	11·3	12·0	12·1	12·9
33	,, 19	15·3	13·7	13·0	13·3	14·4	10·8	13·3	11·3	11·9	12·2	12·9
34	,, 26	15·3	14·2	12·9	13·4	14·3	10·9	13·6	11·2	11·8	12·0	12·9
	Sept.											
35	,, 2	15·2	14·2	12·9	13·4	14·2	10·8	13·6	11·2	11·7	11·9	12·9
36	,, 9	15·5	14·7	12·8	13.4	14·2	10·7	13·7	11·3	11·7	12·0	13·0
37	,, 16	15·3	14·9	12·8	13·4	14·7	10·7	13·8	11·0	11·6	11·9	13·0
38	,, 23	15·3	15·1	12·6	13·3	13·8	10·7	13·8	11·3	11·5	11·8	12·9
39	,, 30	15·1	14·9	12·5	13·2	13·8	10·8	13·7	11·2	11·5	11·8	12·8
	Oct.											
40	,, 7	14·9	15·0	12·6	13·2	13·8	10·8	13·6	11·1	11·4	11·7	12·8
41	,, 14	14·8	15·0	12·6	13·1	13·7	10·9	13·6	11·0	11·5	11·7	12·7
42	.. 21	14·7	14·8	12·6	13·1	13·6	10·9	13·5	11·0	11·5	11·6	12·7
43	,, 28	14·7	14·8	12·7	13·0	13·5	10·9	13·4	11·0	11·4	11·6	12·7
	Nov.											
44	.. 4	14·7	14·8	12·8	13·2	13·4	10·9	13·3	11·2	11·4	11·5	12·7
45	,, 11	14·7	15·0	12·9	13·2	13·4	10·7	13·3	11·3	11·4	11·4	12·7
46	,. 18	14·6	14·8	13·0	13·2	13·4	10·8	13·2	11·4	11·4	11·4	12·7
47	,, 25	14·6	14·8	13·1	13·2	13·4	10·8	13·1	11·4	11·3	11·4	12·7
	Dec.											
48	,, 2	14·5	14·7	13·1	13·0	13·5	10·9	13·1	11·1	11·3	11·2	12·6
49	,, 9	14·4	14·6	13·2	13·1	13·7	10·9	13·0	11·5	11·2	11·4	12·7
50	,, 16	14·4	14·8	13·1	13·1	13·7	10·9	13·0	11·6	11·3	11·4	12·7
51	,, 23	14·4	14·8	13·2	13·2	13·7	10·9	13·0	11·6	11·3	11·4	12·7
52	,, 30	14·5	14·8	13·2	13·1	13·7	11·3	13·0	11·7	11·2	11·4	12·7

CHART ILLUSTRATING THE RELATION BETWEEN THE DEATH RATES AND PRINCIPAL METEOROLOGICAL CONDITIONS.



Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall. Monthly records of them are forwarded to the Meteorological Office, and published by that Office in the monthly weather reports. These records are summarised by the Meteorological Office.

The relationship existing between the death rate and the temperature, and the humidity of the atmosphere, is graphically represented in the curves on the plate on the opposite page.

The summary of the meteorological observations taken during the year is given on page 24.

The highest temperature recorded in the shade was on July 1st, when 85° F. was reached. Freezing point or below was recorded in the screen on 41 days during the year; these days were distributed throughout the months as follows:—

January	14	July	
February	2	August	
March	8	September	
April		October	
May	1	November	7
June		December	9

The highest temperature recorded four feet below the surface of the ground was 59.1° F. on August 28th, and that one foot below the surface was 65.2° F. on July 14th.

Rain fell on 180 days. The total rainfall at the City Hospital amounted to 25.16 inches, or 1.19 inches less than in 1913.

The greatest fall recorded in any 24 hours, from 9 a.m. to 9 a.m., was noted on June 9th, when the amount collected was 1.23 inches.

In addition to the ordinary rain gauge situated on the ground, there is an automatic rain gauge at this station; its funnel is situated 4 feet 11 inches above the ground; this collected 23.78 inches of rain.

The daily records of rainfall for the year are given on the next page.

RAINFALL, 1914.

Date.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov	Dec.
	in.	in.	in.	in.	in.	in.	in	in	in.	in.	in.	in.
1	01	..	..	·07	..	..	·55	·25	..	..	·01	·02
2	..	..	..	·01	..	..	..	·48	..	·01	·80	·27
3	..	..	·05	·01	·21	..	·32	·01	..	..	..	·01
4	·26	..	·04	·27	·08	..	..	·06	..	..	·41	·34
5	·04	..	·10	·26	·04	·11	·16	·03	..	..	·04	·10
6	..	·05	..	·01	·04	..	..	..	..	..	·06	·07
7	..	·15	·37	..	·11	·15	·02	·09	..	..	..	·04
8	·04	·01	·14	·11	·10	·74	..	·19	..	..	..	·01
9	·32	..	·18	·36	·01	1·23	..	·04	·05	..	..	..
10	·06	·19	·01	·25	·12	·02	..	..	·13	..	..	..
11	..	·06	·33	·12	·08	·10	..	..	..	..	·17	·48
12	·02	·04	·09	..	·01	..	·15	..	·17	..	·03	·33
13	·01	·21	·23	..	..	..	..	..	·03	·28	·21	·36
14	·02	·03	·07	..	..	..	·12	..	..	·24	·13	·24
15	·02	..	·09	..	..	..	..	·01	·01	·07	·03	·01
16	..	..	·06	..	..	..	·15	..	·12	..	..	·01
17	·01	·18	·04	..	..	..	..	..	·17	..	..	·39
18	..	..	..	..	..	..	.13	..	·01	..	..	·40
19	..	..	·06	..	..	..	·01	..	·03	..	·02	·02
20	..	·14	·14	..	..	..	·09	..	..	..	..	·25
21	..	·36	·07	..	..	·01	..	..	..	·17	..	·20
22	..	·02	·01	..	·23	..	·02	·16	..	·23	..	..
23	..	·05	·10	..	·06	..	·01	..	..	·06	..	·01
24	..	..	·02	·01	..	..	·01	..	..	·23	·07	..
25	·08	..	·03	..	..	..	·05	·24	..	·41	·03	·16
26	..	..	·03	..	..	..	·01	·04	..	·04	·20	·32
27	·07	..	..	..	..	..	..	..	..	..	·01	·20
28	..	·08	·16	..	·06	..	..	..	..	·01	·05	·98
29	..	..	·09	..	·02	..	..	..	..	·25	·18	..
30	..	..	·01	..	..	·04	..	..	..	·02	·55	·33
31	·04	..	..	..	·01	..	·32	..	..	..	..	..
Totals	1·00	1·57	2·52	1·48	1·18	2·40	2·12	1·60	·72	2·02	3·00	5·55
No. of Rain Days.	14	14	25	11	15	8	16	12	9	13	18	25

Total Rainfall for Year = 25·16 inches: No. of Rain Days 180.

RAINFALL AT DIFFERENT LOCAL STATIONS.

1914.

	City Hospital.	Spencer Road.	St. Paul's Road.	Pumping Station, Whitley.
January	1·00	·88	1·08	1·00
February	1·57	1·46	1·58	1·17
March	2·52	2·51	2·61	2·70
April	1·48	1·43	1·47	1·39
May	1·18	1·08	1·45	1·23
June	2·40	2·44	2·38	2·62
July	2·12	1·72	2·62	2·27
August	1·60	1·93	1·59	1·73
September	·72	·71	·70	·72
October	2·02	1·94	2·07	1·85
November	3·00	3·09	3·14	2·66
December	5·55	5·48	5·85	6·13
Total	25·16	24·67	26·54	25·47

For the records of rainfall at Spencer Road, St. Paul's Road, and Whitley, I am indebted to the courtesy of Major R. B. Caldicott, J.P., Mr. J. B. Morris, and the City Engineer respectively.

The monthly amounts of rain registered at the City Hospital are given below, together with the corresponding tables for the previous twenty-one years.

	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
Jan. . .	·67	1·57	3·82	1·27	1·98	·79	3·45	3·44	·98	1·04	2·17	2·66	·72	3·53	·925	·685	1·27	2·38	·88	4·67	3·94	1·00
Feb. . .	3·07	2·21	·16	·50	3·06	1·03	2·60	3·82	1·64	1·51	1·05	3·13	·80	2·405	1·070	·905	·75	2·49	1·69	1·63	·86	1·57
March	·38	1·01	1·94	2·38	2·78	·84	1·21	·62	1·78	1·68	4·03	1·41	3·02	1·24	1·055	2·635	3·05	·80	2·01	3·39	3·73	2·52
April	·355	1·63	1·92	1·07	2·23	1·98	1·87	1·27	1·92	2·19	1·555	·90	1·475	·46	1·810	3·655	1·43	1·87	·84	·33	4·11	1·48
May	1·98	2·39	·575	·36	1·95	2·55	2·35	1·66	·88	2·24	3·21	1·55	·265	2·23	3·685	2·235	1·55	2·30	·82	3·63	2·33	1·18
June	·99	1·71	·94	3·52	2·68	·72	1·61	3·15	2·64	2·47	2·65	·33	2·95	3·375	2·520	1·490	3·05	1·25	1·84	4·77	·81	2·40
July . .	1·845	2·58	2·80	2·345	·36	1·045	1·11	1·62	2·46	1·48	2·69	2·56	·865	·955	2·775	2·435	3·49	2·81	·15	3·20	1·01	2·12
Aug.	1·76	2·32	2·225	2·12	3·78	3·54	1·285	3·00	1·725	3·47	3·97	1·73	4·625	1·005	2·890	3·155	1·91	4.04	1·62	6·22	·56	1·60
Sept. .	1·17	2·26	·79	4·46	2·25	·63	1·73	·45	1·21	1·09	2·13	1·92	2·005	1·015	·780	1·450	2·36	·77	1·68	·99	1·68	·72
Oct. . .	3·085	2·99	2·99	2·51	1·74	2·58	2·16	2·77	1·30	2·29	6·38	·595	1·035	5·175	4·640	1·230	3·75	2·24	2·61	2·56	3·15	2·02
Nov.	1·42	2.55	3·81	1·31	1·40	1·90	1·53	1·99	·69	1·595	1·57	1·31	2·74	2·925	2·065	1·185	·61	4·49	2·63	1·75	3·02	3·00
Dec.	2·165	2·43	2·02	3·36	2·58	2·26	1·80	5·09	4·19	1·48	1·34	1·88	·815	2·095	3·355	2·040	3·43	4·13	4·60	3·88	1·15	5·55
Totals	19·89	25·66	23·99	25·205	26·79	19·865	25·705	28·88	21·415	22·535	32·745	19·975	21·315	26.41	27·57	23·100	26·65	29·57	21·37	37·02	26·35	25·16

The average yearly rainfall at this station for the preceding twenty-two years, 1892 to 1913, was 25.336 inches. The rainfall for 1914 was therefore .17 inches above the average for these years.

The average rainfall for the Midland Counties, as recorded by the Meteorological Office, was 28.4 in 1914.

Below is given the total amounts of bright sunshine recorded during each of the past ten years by the two sunshine recorders in use; the Campbell-Stokes instrument is the only one recognised by the Meteorological Office.

Year.	Campbell-Stokes' Sunshine Recorder.	Jordan's Sunshine Recorder.
	Hours	Hours.
1905	1343	1053
1906	1536	1338
1907	1354	1197
1908	1406	1220
1909	1478	1249
1910	1312	1104
1911	1555	1416
1912	1125	1094
1913	1169	1107
1914	1452	1315

A Meteorological Station has now existed at the City Hospital for twenty-three years. The records give data for calculating the "mean" monthly temperatures over this period of time. These are as follow:—

January	.. 33·7°	July	... 62·0°
February	... 39·3°	August	... 60·5°
March	.. 42·2°	September	... 56·2°
April	... 47·1°	October	... 49·9°
May	... 52·5°	November	... 43·3°
June	... 58·3°	December	... 39·3°

Meteorological Observations made at the City Hospital, Coventry, 1914.

Lat. 52° 24′ 34″ *Long. 1° 30′ 20″* *Height of rim of rain gauge above mean Sea Level 271ft.*

The cistern of the barometer is situated 309 feet above sea level.

1914	Baro-meter.	Air Temperature.								Hygrometer.				Earth Tempera-ture.		Bright Sun-shine.		Cloud.	Rain and other Forms of Precipitation.					Weather, No. of Days of								Wind Force (0-12.)		Wind Direction. No. of observations reduced to totals of 93 for each month.							
		Mean of				Absolute Minimum and Maximum.				Mean of Observations at 9 a.m.												Most in a Day.																			
	Mean Pressure at 32° F. at Station Level.	A Max'm.	B Min'm.	Mean of A and B.	Difference from Average.	Minimum.	Day of Month.	Maximum.	Day of Month.	Dry Bulb.	Depression of Wet Bulb.	Vapour Pressure.	Humidity.	At 1 foot depth.	At 4 feet depth.	Per cent. of Total Possible.	Daily Mean.	Mean of Observations at 9 a.m. (Scale 0-10).	Number of Days.	Total Fall.	Difference from Average.	Amount.	Day of Month.	Snow.	Hail.	Thunderstorm.	Clear Sky.	Overcast.	Fog.	Ground Frost.	Gale.	Number of Observations of Moderate and Strong Winds.	Calm.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
	ins.	°	°	°	°	°		°		°	°	in.	%	°	°	%	hrs.			ins.	ins.	ins.																			
Jan.	30·180	42·7	33·7	38·2	+0·4	22	1	55	9	37·9	1·2	7·0	90	38·7	45·0	10	0·82	8·2	14	1·00	—1·03	0·32	9	4	1	0	1	21	1	21	0	24	9	6	15	12	3	9	27	9	3
Feb.	29·727	50·3	38·0	44·2	+4·8	30	27	56	14	42·9	1·9	8·0	85	42·7	45·1	23	2·21	7·1	14	1·57	—0·19	0·36	21	0	1	0	5	17	3	14	0	36	9	0	0	0	6	39	21	3	6
Mar.	29·606	49·9	37·3	43·6	+1·5	28	11	61	6,31	43·0	2·2	7·8	83	42·5	45·0	20	2·32	7·5	25	2·52	+0·95	0·37	7	3	0	0	2	19	0	16	0	24	0	6	6	0	3	15	30	30	3
Apr.	30·092	60·7	40·5	50·6	+3·6	34	15,26 27	73	21	52·2	5·3	8·9	68	48·0	46·8	55	7·53	4·2	11	1·48	—0·23	0·36	9	0	0	1	13	8	0	19	0	21	3	0	3	18	9	18	21	9	9
May	30·113	60·8	42·9	51·9	—0·5	31	2	74	18	53·7	4·9	9·8	69	52·9	50·1	35	5·52	6·7	15	1·18	—0·80	0·23	22	0	2	2	5	14	0	7	0	39	3	9	12	12	0	9	6	33	9
June	30·070	68·9	49·6	59·3	+0·5	39	8	84	30	60·2	5·7	12·1	68	58·7	53·4	48	7·93	5·5	8	2·40	+0·25	1·23	9	0	0	1	9	11	0	0	0	51	0	3	24	6	3	3	9	12	30
July	29·884	69·6	54·2	61·9	—0·1	46	4	85	1	62·2	4·7	13·9	74	62·7	57·4	27	4·39	7·5	16	2·12	—0·43	0·55	1	0	0	2	3	16	0	0	0	57	0	6	6	9	3	12	24	21	12
Aug.	30·036	71·4	52·8	62·1	+1·3	46	22	82	14	62·2	3·9	14·7	78	61·2	58·1	40	5 77	6·2	12	1·60	—0·97	0·48	2	0	0	0	7	11	0	0	0	42	0	0	9	12	6	15	33	9	9
Sept.	29·812	66·6	46·8	56·7	+0·5	33	30	81	3	56·8	3·9	12·0	76	57·2	57·9	50	6·20	5·0	9	0·72	—1·65	0·17	12 17	0	0	0	7	7	0	6	0	60	3	6	12	12	3	9	18	15	12
Oct.	29·757	57·3	45·8	51·6	+2·9	37	28	65	1, 3	51·0	2·1	10·8	85	51·8	41·7	21	2·16	8·1	13	2·02	—0·64	0·41	25	0	0	0	1	19	0	5	0	39	0	3	30	12	9	3	9	18	9
Nov.	29·569	49·9	38·5	44·2	+1·3	27	21	58	30	44·2	1·5	8·7	89	45·3	51·4	21	1·80	7·6	18	3·00	+0·70	0·80	2	0	0	0	1	16	3	16	0	51	0	6	9	9	12	6	30	12	6
Dec.	29·278	44·8	35·4	40·1	+1·8	23	25	54	2	39·8	1·5	7·3	88	41·1	47·4	15	1·16	6·4	25	5·55	+3·46	0·98	28	2	1	0	7	15	2	18	0	24	24	6	0	9	0	18	21	12	3
Whole Year.	30·762	57·7	42·9	50·3	1·6	22	1	85	1	50·5	3·2	10·0	79	50·1	50·7	23	3·99	6·7	180	25·16	—	1·23	9	9	5	6	61	174	9	132	0	469	51	51	126	112	57	156	259	183	111

TABLE I.—Vital Statistics of Whole District during 1914 and previous Years.

Year.	Population estimated to middle of each year.	Births.			Total Deaths Registered in the District.		Transferable Deaths.‡		Nett Deaths belonging to the District			
		Un-corrected Number.	Nett.						Under 1 Year of Age.		At all Ages.	
			Number.†	Rate.	Number.*	Rate.	of Non-residents registered in the District.†	of Residents not registered in the District.†	Number.*	Rate per 1,000 Nett Births	Number.*	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1909	93,500	2601	2601	27·8	1282	13·7	19	22	252	96.8	1285	13·7
1910	102,000	2674	2674	27·2	1153	11·3	16	25	230	86·0	1162	11·4
1911	107,287	2886	2887	26·9	1419	13·2	18	30	317	109·8	1431	13·3
1912	111,166	2943	2943	26·4	1306	11·7	19	43	224	76·1	1330	11·9
1913	115,064	2998	2999	26·0	1324	11·5	38	32	275	91·6	1318	11·4
1914	119,003	3197	3203	26·9	1381	11·6	30	48	271	84·6	1399	11·7

Area of District in acres (land and inland water) 4,147 acres.

Total population at all ages, 106,349 } At Census of 1911
Total families or separate occupiers 23,410 }

NOTES TO TABLE I.

NOTES.—This Table is arranged to show the gross births and deaths in the district and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be available. The rates are calculated per 1000 of the estimated gross population as stated in Column 2. In a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

* In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

† The Medical Officer of Health has from the returns made to him by the local Registrar of Deaths, as well as from the quarterly lists furnished by the Registrar-General, to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9 ; and all such deaths are included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a Statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

‡ "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casuals, are not included in Columns 8 or 9, except in certain instances under 3 (*b*) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths :—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) have been regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement have been referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence have been referred (*a*) to the district of residence, under the general rule ; (*b*) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known ; (*c*) failing this, to the district where death occurred, if known; and (*d*) failing this, to the district where the body was found.

TABLE II.

Cases of Infectious Disease notified during the Year 1914.

Notifiable* Disease.	Number of Cases Notified								Total Cases notified in each Locality. (*e.g.* Parish or Ward) of the District.												
	At all Ages.	At Ages†—Years.																			
		Under 1	1 and under 5.	5 and under 15.	15 & under 25.	25 & under 45.	45 & under 65.	65 & upwards.	Radford Ward. 1	Foleshill Ward. 2	Harnall Ward. 3 (H)	Swanswell Ward. 4	Bablake Ward. 5	Cheylesmore Ward. 6 (W)	Hearsall Ward. 7	Grey Friars Ward 8	Hill Fields Ward. 9	All Saints Ward. 10	St. Mary's Ward. 11	Stoke Ward. 12	Total Cases removed to Hospital.
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.
Cholera (C) Plague (P)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Croup)	135	..	36	76	10	10	3	..	23	6	15	15	6	6	12	8	14	5	4	21	9
Erysipelas	75	2	3	5	14	20	25	6	6	9	5	5	6	9	2	7	8	8	5	5	..
Scarlet fever	652	2	137	126	58	29	..	..	39	69	87	73	14	13	105	23	52	36	22	119	520
Typhus fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever	15	..	..	1	6	8	..	..	..	2	1	3	..	2	1	..	1	3	..	2	13
Relapsing fever (R)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever (C)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever	13	..	..	..	5	8	..	..	2	4	2	..	..	2	..	..	1	1	1	..	6
Cerebro-spinal Meningitis	1	..	..	1	..		..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	16	16	..	..	..	..	..	..	..	3	..	1	2	1	2	1	2	1	2	1	..
Pulmonary Tuberculosis	308	..	3	47	56	129	68	5	25	24	22	29	23	30	34	13	21	27	23	37	119
Other forms of Tuberculosis	50	1	9	14	12	10	4	..	1	4	3	6	1	2	5	2	6	4	9	7	..
Totals	1265	21	188	570	161	214	100	11	96	122	135	132	52	65	161	51	105	85	66	192	667

Mark (H) indicates the locality in which the City Hospital is situated. (Built for 102 beds.)
Mark (W) indicates the locality in which the Workhouse is situated.
* These are cases removed to Sanatoria only, and do not include cases removed to Union Infirmary.

Isolation Hospital or Hospitals, Sanatoria, &c. :—City Hospital, Coventry, and Pinley (Small Pox) Hospital, in Coventry Rural District (City Council) Winsley, Northwood and other Sanatoria (v. report).

TABLE III.
Causes of, and Ages at Death during Year 1914.

Causes of Death. 1		Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District (a). All ages. 2	Under 1 year. 3	1 and under 2. 4	2 and under 5. 5	5 and under 15 6	15 and under 25. 7	25 and under 45. 8	45 and under 65. 9	65 and upwards. 10	Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District (b). 11
All causes	Certified (c)	1371	257	56	58	43	61	210	339	347	323
	Uncertified	28	14	1	1	1	..	2	6	3	..
Enteric Fever		2	..	..	..	..	..	2	..	..	1
Small Pox		..	..	..	..	..	..	..	..	..	..
Measles		25	5	9	10	1	..	..	..	..	..
Scarlet Fever		6	..	..	2	3	..	1	..	..	6
Whooping-cough ..		15	7	4	4	..	..	..	..	..	..
Diphtheria and Croup		12	..	..	4	7	1	..	..	..	5
Influenza		10	..	..	1	..	..	1	5	3	1
Erysipelas		5	2	..	..	..	1	1	1	..	..
Phthisis (Pulmonary Tuberculosis)		150	..	..	2	2	25	67	52	2	53
Tuberculous Meningitis		18	2	3	5	3	3	2	..	..	..
Other Tuberculous Diseases		12	4	..	2	..	1	2	3	..	3
Cancer, malignant disease		82	1	..	1	1	..	13	34	32	20
Rheumatic Fever ..		2	..	..	..	..	..	1	..	1	1
Meningitis (*See* note (*d*))		9	..	1	3	3	1	..	1	..	3
Organic Heart Disease		108	.	..	..	1	4	21	49	33	16
Bronchitis		102	11	8	1	2	..	1	20	59	15
Pneumonia (all forms)		93	24	14	10	..	2	12	19	12	15
Other diseases of Respiratory organs ..		13	..	1	1	1	1	2	5	2	3
Diarrhœa and Enteritis. (*See* note (*e*))		24	19	2	3	..	..	..	..	..	3
Appendicitis and Typhlitis		8	..	..	..	..	4	2	..	2	5
Cirrhosis of Liver ..		20	..	..	..	..	..	3	12	5	4
Alcoholism		3	..	..	..	..	..	1	1	1	4
Nephritis and Bright's Disease		35	..	..	..	2	1	5	23	4	5
Puerperal Fever ..		6	..	..	..	..	1	5	..	..	2
Other accidents and diseases of Pregnancy and Parturition		5	..	..	..	..	3	2	..	..	2
Congenital Debility and Malformation, including Premature Birth		122	120	..	2	..	..	..	..	..	23
Violent Deaths, excluding Suicide		45	6	3	2	8	2	11	8	5	15
Suicide		18	..	..	..	..	1	9	7	1	1
Other Defined Diseases		413	56	10	5	9	9	46	95	183	111
Diseases ill-defined or unknown		8	..	1	..	..	1	..	4	2	6
		1399	271	57	59	44	61	212	345	350	323
Sub Entries included in above figures.											
14. (*a*) Cerebro-spinal Meningitis		1	..	..	..	1	..	..	..	..	..
28. (*a*) Poliomyelitis ..		..	..	..	..	..	..	..	..	..	..
*Lobar Pneumonia ..		11	1	1	1	..	2	2	3	1	..
*Pneumonia (type not stated)		48	7	5	4	..	..	9	16	7	..

* Sub-Entries should here be made for other deaths which it is desirable to distinguish on account of their administrative importance or special interest (*e.g.*, any deaths from Anthrax, Typhus or Glanders, which have been included under 28, *Other Defined Diseases*; or deaths from pneumonia other than broncho-pneumonia which have been included under 17, *Pneumonia all forms*).

NOTES TO TABLE III.

The classification and numbering of Causes of Death are those of the "Short List" on page XXV. of the Manual of the International List of Causes of Death.

(*a*) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

The total deaths in column 2 of Table III. equal the figures for the year in column 12 of Table I.

(*b*) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are entered in the last column of Table III.

(*c*) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are regarded as "Uncertified."

(*d*) Exclusive of "Tuberculous Meningitis" (10), but inclusive of Cerebro-Spinal Meningitis.

(*e*) Title 19 is used for deaths from Diarrhœa and Enteritis at all ages. (In the "Short List" deaths from Diarrhœa and Enteritis under 2 years are included under Title 19; those at 2 years and over being placed under Title 28).

TABLE IV.—**Infant Mortality during the year 1914.**

Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months	Total Deaths under One Year.
All Causes.	Certified	70	22	7	10	109	46	38	37	27	257
	Uncertified	7	1	...	...	8	3	2	...	1	14
Small-pox		...	...	...	...	...	...	...	...	...	...
Chicken-pox		...	...	...	...	...	...	...	...	...	...
Measles		...	...	...	...	...	...	1	1	3	5
Scarlet Fever		...	...	...	...	...	...	...	...	...	...
Whooping Cough		...	...	...	...	...	2	1	3	1	7
Diphtheria and Croup		...	...	...	...	...	...	...	...	...	...
Erysipelas		...	...	...	...	...	1	1	...	...	2
Tuberculous Meningitis		...	...	...	...	...	...	...	1	1	2
Abdominal Tuberculosis (*b*)		...	...	...	...	...	...	1	1	...	2
Other Tuberculous Diseases		...	...	...	...	...	1	1	...	...	2
Meningitis (*not Tuberculous*)		...	...	...	...	...	...	...	...	...	...
Convulsions		4	1	1	...	6	1	3	5	3	18
Laryngitis		...	...	...	...	...	...	...	...	...	...
Bronchitis		...	1	...	1	2	3	2	2	2	11
Pneumonia (all forms)		...	...	...	...	...	4	4	11	5	24
Diarrhœa		...	...	...	1	1	3	4	5	6	19
Enteritis		1	...	1	1	3	4	4	3	1	15
Gastritis		...	...	...	...	...	...	...	...	...	...
Syphilis		...	1	...	2	3	3	1	...	...	7
Rickets		...	...	...	...	...	1	2	1	...	4
Suffocation, overlying		...	1	1	...	2	3	...	...	...	5
Injury at Birth		2	...	...	...	2	...	...	...	...	2
Atelectasis		...	...	...	...	...	...	...	...	...	...
Congenital Malformations (*c*)		...	2	...	1	3	2	1	...	...	6
Premature Birth		52	13	1	1	67	8	1	1	...	77
Atrophy, Debility and Marasmus		8	2	...	3	13	9	10	1	3	36
Other Causes		3	1	3	...	7	1	1	2	2	13
		77	23	7	10	117	49	40	37	28	271

Net Births in the year:—Legitimate, 3,133; Illegitimate, 70.

Net Deaths in the year of { Legitimate Infants, 252.
Illegitimate Infants, 19.

NOTES TO TABLE IV.

(*a*) The total in the last column of Table IV. equals the total in column 10 of Table I. and in column 3 of Table III.

(*b*) Under Abdominal Tuberculosis are included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.

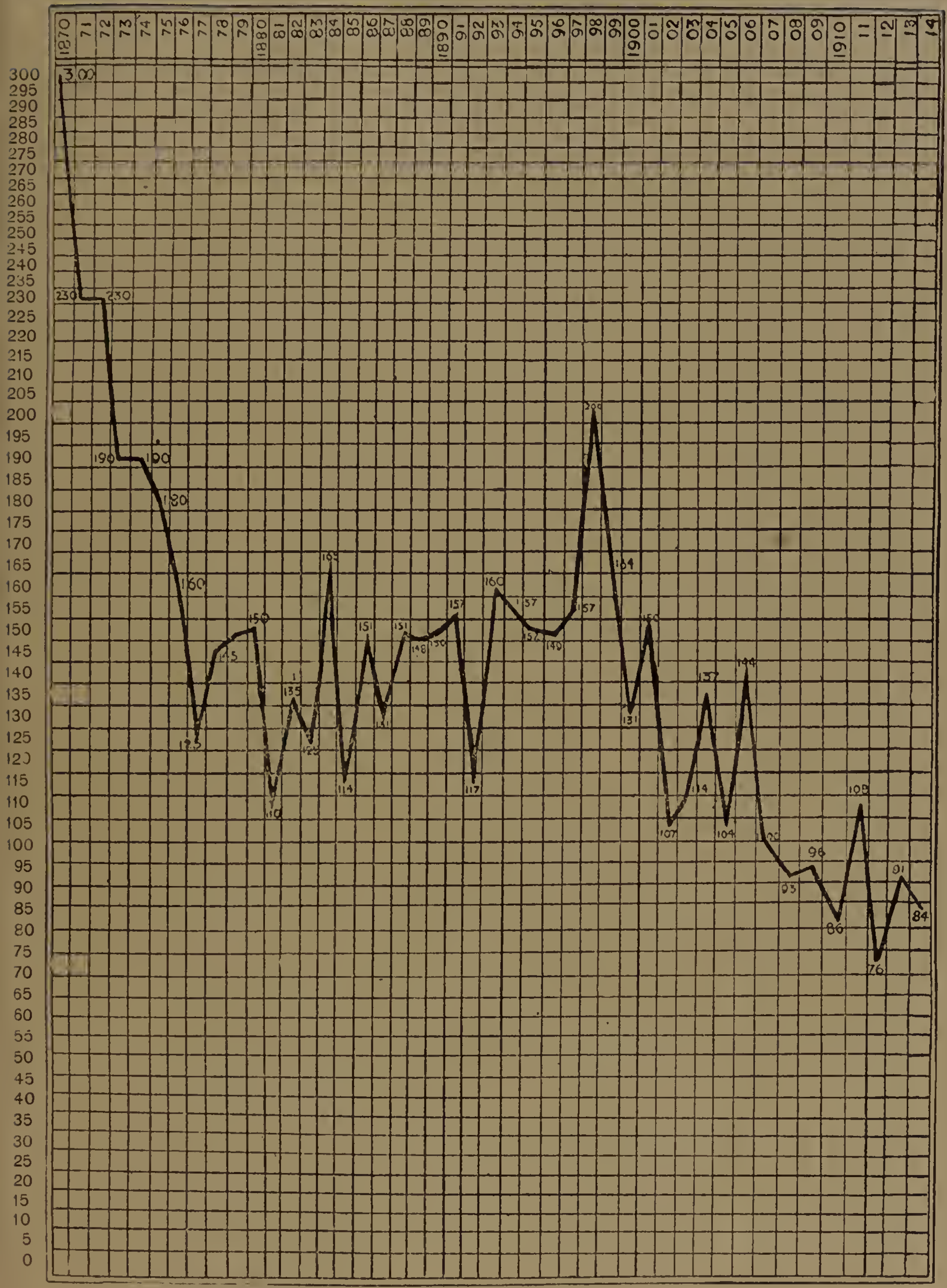
(*c*) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, equal the total in Table III. for ages under one year, under the heading Congenital Debility and Malformation, including Premature Birth.

Want of Breast Milk is included under Atrophy and Debility.

(*d*) For references to the meaning of any other headings, *see* notes attached to Table III

COVENTRY INFANTILE MORTALITY

CHART SINCE 1870.



Infantile Mortality.

There were 271 deaths of Infants below one year of age; this gives a mortality per thousand births of 84.6. The average mortality for the previous ten years was 104.0.

The following table shows, for the past twenty-two years, the number of deaths of children under one year of age per thousand births in Coventry compared with England and Wales generally :—

Year.	England and Wales.	Coventry.
1893	159	160
1894	137	157
1895	161	152
1896	148	149
1897	156	157
1898	161	200
1899	163	164
1900	154	131
1901	151	150
1902	133	107
1903	132	114
1904	146	137
1905	128	104
1906	133	144
1907	118	102
1908	121	93
1909	109	96
1910	106	86
1911	128	109
1912	95	76
1913	109	91.6
1914	104.8	84.6

The infantile mortality of the 97 great towns (including London) was 113; that of the 145 smaller towns 104; that in England and Wales less the 242 towns 93; and that in England and Wales 104.8.

The comparison of this figure with that of the others of the 97 great towns is given in the table on pages 16 and 17, and has already been referred to.

A comparison made between the figures given in Table 4 with those of the previous year shows that considerable diminution took place in the number of deaths attributed to pulmonary causes. As in previous years a very large percentage, in fact nearly one-half of the total number of deaths, were registered as being due to premature birth, atrophy, and other such like conditions existing at birth. No less than 60 of these deaths occurred during the first week of life.

Miss Barratt, the Superintendent Health Visitor, furnishes the following report of the work of the Health Visitors relating to infant welfare :—

" During the year 1914 there were 3,203 births registered in the City; out of this number 2,128 infants were visited by us for the first time. Our visits usually take place after the midwife has ceased attending the house, and in this way we can aid the mother when no nurse is attending and give advice when necessary.

Our visits are generally welcomed by the mothers. When the baby is breastfed the mother is urged to continue this; great stress being laid upon the advantage the infant will derive from this. At the same time a leaflet is left, called ' Hints on Feeding,' which gives advice to those in charge of infants, should artificial feeding become necessary at some future date.

We quite realize that, in the accompanying table, the number of mothers who are breast-feeding their babies is high; this is because the information is obtained at a very early date.

The difficult period for a nursing mother occurs after this, when the needs of the house and the other children claim her attention. This is when she finds the supply of breast milk diminishing, and is tempted to give the baby a bottle.

If each baby were visited after a period of three months had elapsed, we feel sure we should find that the percentage of breast-fed infants had declined.

When visiting we are often greeted with these words, ' I'm so glad you have come to-day,' or ' I've been hoping you would come soon,' proving that the mothers look forward to our visits, and appreciate the help and advice given.

During the past year we have met with serious effects of ignorance on the part of parents. For instance, one baby, a fortnight old, was found to be having as much food in quality and quantity as a child of three months; needless to say the infant was irritable and cross, and appeared very unwell.

Another baby was visited about the fourteenth day. After some questioning it was found to be having some drops of Veno's Lightning Cough Cure and whisky. The excuse given by the mother was that she had been told that they were good for a cough.

On another occasion, a mother was enquiring what would be the best patent food to give the baby. But as she had a good supply of breast milk, she was advised to give it a fair trial and not give the infant any artificial food. In spite of all that was said, she gave the infant some oatmeal after the Health Visitor had left. Within three days she had to take the baby to the Hospital with hemorrhage from the bowels. After much questioning she owned to giving the child solid food contrary to advice.

RE-VISITS.

Our re-visits have mostly been paid to cases where the baby was not in a satisfactory condition on our first visit, or the mother appeared to have difficulty with the artificial feeding. We have made repeated visits to very delicate babies, and have weighed some of the babies from time to time to ascertain their progress if any doubt had been felt by the mother.

We have made 1,417 re-visits during the year.

MODE OF FEEDING.

The advisability of the boat-shaped bottle is mentioned in every house where a bottle has become necessary. We certainly find that their use is more prevalent than formerly. Mothers are learning that they are more hygienic, and easier to keep clean than the long tube variety.

COMFORTERS.

Again we confess that comforters, or 'dummies' as the mothers call them, are still very much used. Upon this point of hygiene it appears to us to be harder to convince those with whom we come in contact than upon any other subject.

COTS.

We are thankful to say that the percentage of cots provided by the mothers is increasing each year. We can see on our first visit that the mothers are eager to tell us they have already put the baby to sleep by itself at night, and other mothers say they intend to do so shortly.

There have been five cases of overlaying in the City, which we very much deplore. We trust that these may prove a warning to mothers who are doubtful upon the advisability of providing a cot.

DEATHS.

Only 10 visits were thought necessary in cases of deaths occurring to infants we had previously visited. In these cases, the usual questions were asked and enquiry made if there had been any neglect on the part of the mother in not obtaining medical help soon enough."

Births Visited During the Year 1914.

Total number, 2,128.

	Totals.	Percentage.
Kind of feeding—		
(1) Entirely breast fed	1810	85·05
(2) Hand and breast fed	61	2·8
(3) Entirely hand fed	234	10·9
(4) Unclassified	23	1.08
Kind of food—(when hand-fed)—		
(1) Fresh cow's milk and water ...	174	58·9
(2) ,, ,, and barley water	60	20·3
(3) ,, ,, with Patent Foods	36	12·2
(4) Condensed Milk	17	5·7
(5) Biscuits, bread-sop, etc. ...	8	2·7
Mode of feeding—		
(1) Boat shaped bottle	243	82·3
(2) Long Tube bottle	34	11·5
(3) Both	8	2·7
(4) Spoon	10	3·3
Class of house : rent—		
(1) Up to 5/-	694	32·6
(2) Above 5/- up to 8/-	1339	62·9
(3) Above 8/-	72	3·3
Overcrowded Houses—		
More than two persons per bedroom } No. of houses	1313	61·7
Not classified—		
Wrong address given, or removed, or death of baby before visit ...	23	1·08
Infants sleeping in cots	1244	58·4
Promises to get cot	418	19·6
Comforters used	1039	48·8

Zymotic Disease.

The deaths and death-rate from the seven principal infectious diseases are set out below :—

	Notified.	Died.	Case Fatality per cent.
Small Pox	—	—	—
Scarlet Fever	652	6	·092
Diphtheria	135	12	8·88
Typhoid Fever	15	2	13·33
Measles	—	25	—
Whooping Cough	—	15	—
Diarrhœa	—	24	—
		84	

This corresponds to a death rate of 0.70. The average for the previous ten years has been 1.36. The proportion of this rate attributable to each of these diseases is shown below, together with a comparative statement of the similar figures for the rest of the country (except in regard to Diarrhœa, in which case the figures give the number of deaths from this cause among children under two years of age per 1,000 births). .

	Coventry	England and Wales.	97 Great Towns.	145 smaller Towns.	England and Wales less the 242 Towns.
Small Pox	0·00	0·00	0·00	0·00	0·00
Scarlet Fever	0·05	0·08	0·09	0·07	0·06
Diphtheria	0·10	0·15	0·16	0·16	0·14
Typhoid Fever	0·01	0·05	0·04	0·05	0·05
Measles	0·21	0·24	0·35	0·21	0·12
Whooping Cough	0·12	0·21	0·25	0·18	0·17
Diarrhœa & Enteritis	6·55	20·41	26·09	19·84	12·64

These figures show (with the exception of Small Pox, from which there is no death rate at all) that in each of the diseases named, the Coventry death rate is lower than that of the rest of the country, and of the average of the 97 large towns. This is especially marked in the case of Diarrhœa and Enteritis.

Deaths from the seven principal Zymotic diseases which have occurred in Coventry during the past 45 years :—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diarrhœa.
1870	..	..	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	..	..	9	15	18	28	45
1874	..	..	11	149	5	7	45
1875	..	4	7	16		16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	35
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	13	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	13	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31*	18	3	32	83
1902	..	6	31*	10	..	9	28
1903	3	2	34*	5	57	15	34
1904	1	1	11*	10	..	48	49
1905	..	6	13*	1	60	1	31
1906	..	4	12*	5	1	38	138
1907	..	1	10*	4	20	4	34
1908	..	1	8*	7	3	20	47
1909	..	4	11*	24	67	29	18
1910	..	5	15*	25	6	10	16
1911	..	1	17*	30	66	30	51
1912	..		30*	17	52	34	6
1913	..	2	33*	2	9	22	21
1914	..	2	12*	6	25	15	24
	229	218	389	707	871	740	2092

* The Deaths from Membranous Croup are here included

BACTERIOLOGICAL DIAGNOSIS OF INFECTIOUS DISEASE.

Advantage is being taken of the facilities afforded by your Council to medical men to obtain bacteriological assistance in the diagnosis of infectious disease. The total number of specimens examined is given below.

	Samples sent.	Result positive.	Result negative.
Typhoid Fever	24	12	12
Diphtheria	870	96	774
Phthisis	396	114	282
	1,290	222	1,068

Of the above specimens 610 were sent from the City Hospital and 1 from the Coventry and Warwickshire Hospital.

Epidemic Diarrhœa.

Seventeen deaths were registered as due to Epidemic Enteritis and seven to Diarrhœa not returned as infective. Reference to the table on the preceding page will show how this figure compares with previous years. It will be seen that this figure compares favourably with most previous years. In this table deaths from such ill-defined causes as Enteritis, Gastro-enteritis, etc., are not included.

Measles.

Twenty-five deaths were registered as due to Measles. All of these, with one exception, were among children under five years of age.

Scarlet Fever.

652 cases of Scarlet Fever were notified during the year, and 6 deaths were registered as due to this disease. A reference to the table on page 38 shows the comparison of these figures with those of other years. It will be seen that there has been a recrudescence in the epidemic which has prevailed during the last few years.

A reference to the table on page 27 will show that the cases occurred all over the City, though certain Wards suffered more severely than others. As in the previous year, Stoke Ward had the largest number of cases.

The comparison of the number of cases notified, and the number of deaths registered, shows that the illness as recently occurring has been of a very mild character, indeed less than 1 per cent. of the cases ending fatally. 520 of the notified cases were removed to the City Hospital, that is, 79.7 per cent. were so removed.

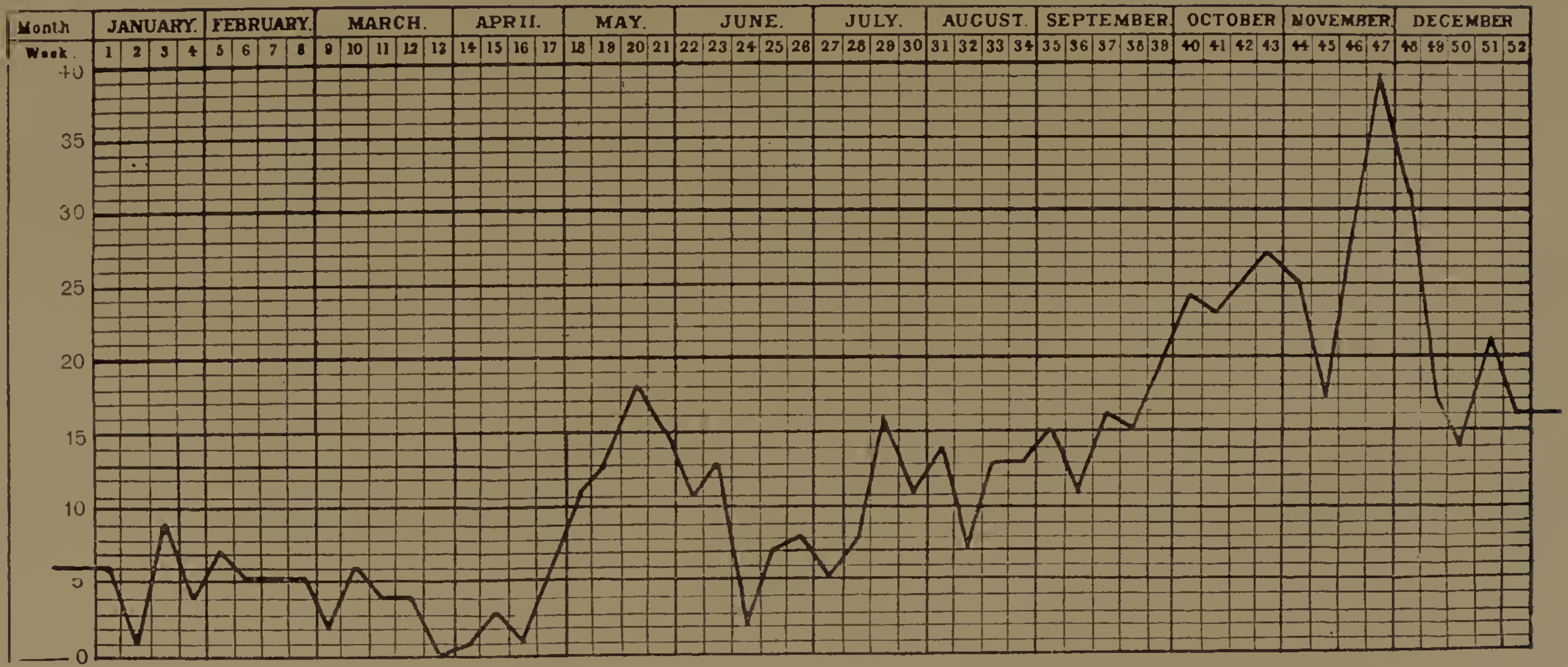
Comparison of Scarlet Fever Cases, Removals to Isolation Hospital, and Deaths from Scarlet Fever.

Year.	Estimated Population	Total No. of cases notified.	No. of deaths regist'rd	Fatality per cent.	No. of cases treated in Hospital	Attack rate per 1000pop.	Percentage removed to Hospital	Mort'lity per 1000 population.	Average Mort lity per 10,000.
1870	37,300		18					·48	7·29
1871	37,670		5					13	
1872	38,100		8					·20	
1873	38,450		15					·39	
1874	38,950		149					3·82	
1875	39,446		16		12			·40	
1876	39,890		30		22			·75	
1877	40,344		19		36			·47	
1878	40,778		20		34			·49	
1879	41,222		7		46			·16	
1880	41,666		36		90			·86	4·03
1881	42,111		58		156			1·37	
1882	42,750		17		47			·39	
1883	44,000		2		26			·04	
1884	44,500		3		30			·06	
1885	45,000		10		97			·22	
1886	45,500		18		84			·39	
1887	46,500		14		142			·32	
1888	47,500		6		162			·12	
1889	48,500		13		176			·26	
1890	49,500	67	2	3·0	58	1·35	86·5	·04	1 04
1891	52,724	42	0	·0	37	·79	88·0	·0	
1892	54,000	38	0	·0	27	·70	71·0	·0	
1893	54,700	33	0	·0	25	·60	75·7	·0	
1894	55,300	385	13	3·3	319	6·96	82·8	·23	
1895	56,000	439	19	4·3	408	7·66	92·9	·33	
1896	59,151	313	9	2·9	288	5·29	94·2	·15	
1897	61,234	221	6	2·7	216	3·60	97·7	·09	
1898	61,555	278	10	3·6	266	4·5	95·3	·16	
1899	61,796	188	3	1·6	183	3·0	97·3	·04	
1900	70,075	637	17	2·5	609	9·09	95 6	·24	1·24
1901	70,300	781	18	2·3	384	11·1	49·1	·25	
1902	73,000	245	10	4·0	211	3 3	86·1	·13	
1903	75,700	121	5	4·1	110	1·6	90·9	·06	
1904	77 500	222	10	4·5	197	3·0	88·7	·13	
1905	81,000	249	1	·4	225	3 0	90·3	·01	
1906	83,900	312	5	1·6	286	3 7	91·6	06	
1907	87,000	247	4	1·6	229	2·8	92·5	·04	
1908	91,000	238	7	2·9	225	2·6	94·5	·07	
1909	93,500	704	24	3·4	566	7·5	80·3	·25	
1910	102 000	1201	25	2·0	877	11·7	73·0	·24	1·46
1911	107,287	1342	30	2·2	971	12·5	72·3	·28	
1912	111,166	681	17	2·4	555	6·1	81·4	·15	
1913	115,064	244	2	0·82	236	2·1	96·3	·01	
1914	119,003	652	6	0·92	520	5·4	79·7	·05	

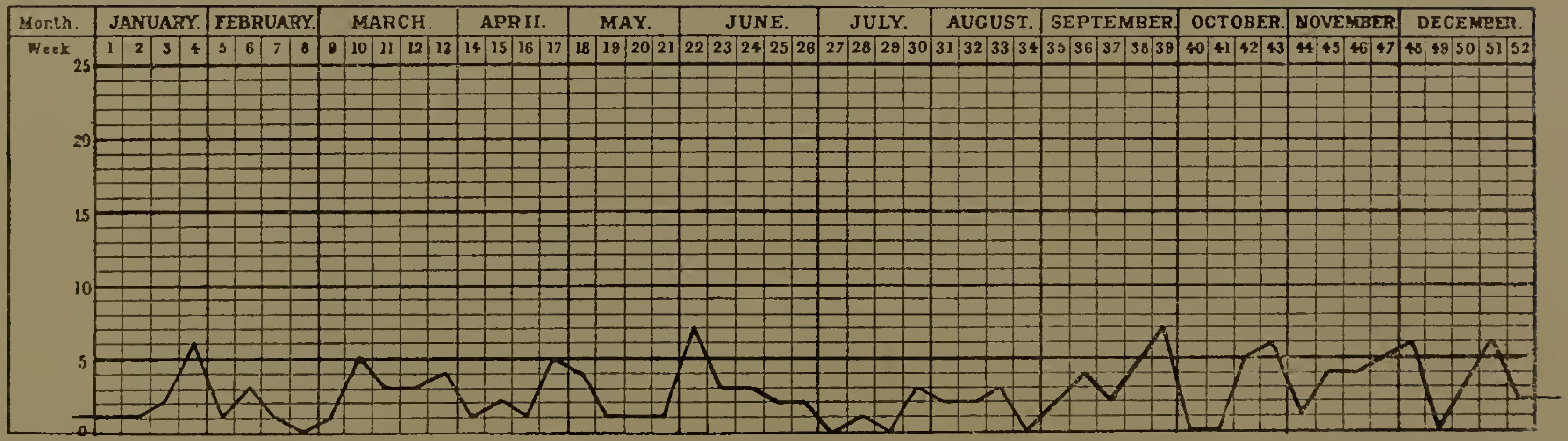
Small Pox.

No cases of Small Pox were notified during the year.

SCARLET FEVER, 1914.



DIPHTHERIA, 1914.



Vaccination.

The following are the returns of the Vaccination Officer for the twenty-six years that have elapsed since the commencement of the anti-vaccination movement in Coventry :—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1889	1512	187	1273	0	84·1
1890	1544	182	1221	111	79·0
1891	1727	228	587	888	34·0
1892	1718	174	118	1400	6·8
1893	1630	193	105	1304	6·4
1894	1590	170	103	1317	6·4
1895	1629	186	65	1378	3·9
1896	1679	251	594	834	35·3
1897	1928	220	151	1606	7·8
1898	1925	274	105	1545	5·4
1899	1888	203	1125	560	59 5
1900	2207	211	946	1050	42·8
1901	2112	247	1298	567	61·4
1902	2046	180	2076	666	101·4
1903	2169	167	2525	525	116·4*
1904	2306	242	1901	532	82·4
1905	2152	181	1818	643	84·4
1906	2422	240	1748	1031	76·3
1907	2579	210	1880	1070	72 1
1908	2596	192	1524	1346	58 7
1909	2601	203	1385	1495	53·2
1910	2674	161	1124	1407	41·7
1911	2886	227	888	1781	30·7
1912	2943	181	929	1899	31 5
1913	2999	271	819	1983	27·3
1914	3203	189	545	2450	17·0

*Small Pox prevalent in 1903.

	Declarations made of Conscientious Objections.
1908	964
1909	1065
1910	1304
1911	1493
1912	1402
1913	1874
1914	2067

It will be seen that this community is becoming largely an unvaccinated one.

Typhoid Fever.

There were fifteen cases notified as Typhoid Fever; of these, twelve were admitted to the City Hospital. One of these was subsequently ascertained to be a case of Plumbism.

Two deaths were attributed to this disease. At least four of the cases of this illness appeared to be due to the consumption of mussels or oysters.

Diphtheria.

During the year 135 cases of Diphtheria were notified, and 12 deaths were registered as due to it.

The table on page 72 shows how these figures compare with those of previous years.

Serum is provided free of cost by your Sanitary Committee, and is used in the large majority of cases.

The table accompanying shews that there has been a considerable diminution in the prevalence of this disease compared with the previous three years.

Comparison of the Fatality, Incidence, and Mortality of Diphtheria in different years.

Year.	Estimated Population.	Total No. of Cases Notified.	No. of Deaths Registr'd.	Fatality per cent.	No. of Cases Treated in Hospital.	Attack Rate per 1000 Population.	Percentage removed to Hospital.	Mortality per 1000 Population.
1890	49,500	15	6	40·0	* ..	0·30	..	0·120
1891	52,724	14	4	28·5	..	0·26	..	0·075
1892	54,000	19	2	10·5	..	0 35	..	0 037
1893	54,700	10	2	20·0	..	0·18	..	0 036
1894	55,300	21	5	23·8	..	0 38	..	0 090
1895	56,000	12	6	50·0	..	0·21	..	0·100
1896	59,151	17	6	35·3	..	0·28	..	0·100
1897	61,234	25	10	40·0	..	0·40	..	0·160
1898	61,555	33	15	45·4	..	0·53	..	0·240
1899	61,796	53	16	30·2	..	0·85	..	0·250
1900	70,075	66	22	33·3	..	0·94	..	0·310
1901	70,300	139	31	22·1	4	1·97	2·8	0 440
1902	73,000	136	31	22·8	3	1 86	2·2	0·420
1903	75,700	127	34	26·7	1	1·67	0·7	0·450
1904	77,500	78	11	14·1	4	1·00	5·1	0·140
1905	81,000	67	13	19·4	3	0·82	4·4	0·160
1906	83,900	59	12	20·3	7	0·70	11·8	0·140
1907	87,000	43	10	23·2	1	0·49	2 3	0·110
1908	91,000	108	8	7·4	9	1 18	8·3	0·087
1909	93,500	121	11	9·0	8	1·20	6·6	0·110
1910	102,000	104	15	14·4	2	1·02	1·9	0·147
1911	107,287	161	17	10·5	13	1·50	8·0	0·158
1912	111,166	216	30	13·8	8	1·94	3·7	0·269
1913	115,064	187	33	17·6	20	1·62	10·7	0·286
1914	119,003	135	12	8·8	9	1·13	6·6	0·010

* The majority of these are laryngeal cases removed with a view to Tracheotomy.

Of the 135 cases of Diphtheria notified from dwelling houses during the year, no less than 116 occurred in houses without any further extension of the disease to any other member of the household. In only eight instances has a second case occurred in the same house, and in one instance a third case. In one of the former instances, the illnesses appear to have commenced practically simultaneously, suggesting that the infection was not transferred from one to the other, but had been received from a common source.

These figures seem to show that this disease as at present met with in this City is not highly infectious.

This City has hitherto made no provision for the isolation of cases of Diphtheria. Possibly in earlier years the reasons for this might be ascribed to a slowness on the part of the Sanitary Authority in making innovations. In more recent years your Sanitary Committee has considered and investigated the matter on so many occasions that this reason no longer holds. During recent years I have made several reports on the matter. I have collected information from the large towns as to the amount of isolation practised in regard to this disease, and from the figures obtained I have had to report that no substantial advantage, either in regard to the incidence of, or the mortality from, this disease, appeared to be obtained by those towns that spend large sums of money on its isolation. I have reported to your Sanitary Committee accordingly, and the omission to provide isolation accommodation has been deliberate. This policy has been diametrically opposed to the practice of most large towns. It is not necessarily wrong on that account. But it inevitably occurred that at various times, and from various quarters, pressure has been brought to bear on your Sanitary Committee to alter this policy. The public has, rightly or wrongly, been educated up to believe that for any disease that occurs in epidemics, isolation accommodation should be provided by the local sanitary authority. I think it may be taken as a reasonable postulate that if the isolating of cases of an infectious disease does not lessen the incidence of, or the mortality from that disease, the money so spent is wasted. The problem, I admit, is a complex one when applied to an individual disease; but owing to the various representations made to your Sanitary Committee on this matter, I presented a report concerning it in January of 1914; that report is reproduced in the Appendix to this Report. I will go no further here than to remark that until some better results are obtained by those towns that isolate Diphtheria cases to a large extent there must inevitably remain some doubt as to the wisdom of the procedure, Cases of Laryngeal Diphtheria may require the operation of Tracheotomy. Great difficulties arise in the performance of this operation in small badly lighted houses. Hitherto, such cases have been sent to the Coventry and Warwickshire Hospital, and during the past 18 years no case of infection of any other patient has been reported; but on some occasions, the staff, doctors and nurses, have been infected. During the past few years a payment of £80 per year has been made by your Sanitary Committee to the Coventry and Warwickshire Hospital for the service thus rendered to the City. But in December 1913 that Hospital gave 12 months' notice of its intention to discontinue the arrangement. This matter received the attention of your Sanitary Committee, and arrangements were made whereby the "South" Pavilion of the City Hospital (built to accommodate 10 patients) was set aside and equipped for cases of Laryngeal Diphtheria likely to require Tracheotomy; and arrangements have been made with the Coventry and Warwickshire Hospital whereby their surgical staff are available for operations. This procedure commenced on January 1st of this year, and has up to date worked quite well.

Whooping Cough.

Notifications were received from Head Teachers of Schools as to alleged cases of this disease occurring in the homes of children, and the actual number of deaths recorded was 15, and all of these were children below the age of five.

Erysipelas.

Seventy-five cases of this disease were notified, and five deaths were attributed to it.

Puerperal Fever.

Thirteen cases of this disease were notified, and six deaths were registered as due to it. A comparison of these figures with those of previous years is given on page 72.

When notified, these cases are visited by the Health Visitors, who report about them, and also give advice concerning the disinfection of those in attendance before attending other cases.

MIDWIVES ACT, 1902.

Forty-one Midwives have notified their intention to practise during the past year; *vide* list on page 44. Two of these visited the City to take one case each, and acted as maternity nurses at the same time; five work only with Doctors, but wish to keep their names on our register, and two have left the City during the year.

Visits to the number of 146 have been paid to midwives by the Health Visitors, chiefly to inspect their registers, bags, instruments, etc.; also in cases of puerperal fever, to make the usual enquiries, and to see that the necessary disinfection has been carried out. Twice a year they have called at the houses of the midwives for a thorough inspection of their books, appliances, etc. On the whole the bags have been found kept in a satisfactory condition, and very few occasions have arisen for any complaint to be made. One midwife's bag was found to contain everything except protargol; she has since promised to get a supply and provide herself with the necessary eye-dropper.

The registers of most of the midwives have given entire satisfaction. There have been a few cases of omission of some small detail; on the whole the books are kept well.

Out of the total number of births (3,203) registered in the City, 2,404 were attended by midwives, but these include 144 Doctors' cases, where midwives have been engaged as well.

There have been received 287 records of sending for Medical help. (The adjoining table gives an account of the causes for which medical aid has been called in.) Sixty-three cases of Still-birth have been notified by midwives.

Letters of caution have been sent to two midwives during the year. On one occasion, a midwife had caused a notification form of Still-birth to be filled up, and had also given a form to be taken to the Cemetery, in order that the body of a baby who had lived might be buried as a still-born child. This offence was considered so grave that the matter was brought before the notice of the Sanitary Committee, and a strongly worded letter of caution was sent to this particular midwife.

On another occasion, since the Notification of Ophthalmia Neonatorum has been in force, one midwife failed to notify that a case had occurred in her practice, and she received a letter of caution from the Sanitary Committee.

LIST OF MIDWIVES.

Name.	Address.	Qualification.
Mrs. A. Biddulph	52, Far Gosford Street	C. M. B. Examination
,, M. J. Booth	59, Albany Road	,, ,, ,,
,, S. E. Burns	22, King Edward Road	,, ,, ,,
,, R. Campion	113, Queen Victoria Road	,, ,, ,,
Miss E. E. W. Cooper	"Ardenside," 41, Coundon Road	,, ,, ,,
,, W. J. Edwards	37, Newcombe Road	,, ,, ,,
Mrs. E. F. Gabriel	128, Harnall Lane East	,, ,, ,,
,, M. E. Green	30, St. Michael's Road	,, ,, ,,
,, S. A. Haycock	60, Humber Avenue	,, ,, ,,
Miss M. A. Hull	21, Lord Street	,, ,, ,,
Mrs. H. L. Ives	67A, Butts	,, ,, ,,
,, H. E. Olorenshaw	6, Butts	,, ,, ,,
,, S. F. Phillips	38, Middlemarch Road	,, ,, ,,
Miss L. G. Phillips	1, Ellys Road	,, ,, ,,
Mrs. E. A. Pitt	"Glenroy," Walsgrave Rd.	,, ,, ,,
,, A. Rayner	11, George Street	,, ,, ,,
Miss A. L. Redgrave	1, Wyley Road	,, ,, ,,
Mrs. S. H. Reid	161, George Street	,, ,, ,,
Miss M. E. Rossell	128, Harnall Lane East	,, ,, ,,
* ,, M. Sadler	68, Highfield Road	,, ,, ,,
Mrs. E. K. Stokes	151, Sovereign Road	,, ,, ,,
,, J. Ball	17, Barras Lane	City of London Lying-in Hospital
,, L. E. Hellier	13, Norfolk Street	,, ,, ,,
,, S. Dowell	22, King Edward Road	License of Obstetrical Society
,, E. A. Dowell	10, St. Ann's Road	,, ,, ,,
,, A. E. Musson	91, King Edward Road	,, ,, ,,
,, J. R. Swift	68, Foleshill Road	,, ,, ,,
,, A. M. Weston	261, Stoney Stanton Road	,, ,, ,,
,, M. A. Bonsor	Bell Green, nr. Coventry	Bonâ-fide
,, A. Cadman	Hall Green, Foleshill, nr. Coventry	,, ,,
* ,, S. Carpenter	92, Holmsdale Road	,, ,,
,, S. Cramp	6, Ransom Road	,, ,,
,, E. Clarke	137, Station Street East	,, ,,
,, A. P. Haughton	78, Smith Street	,, ,,
,, A. M. Newbold	Leicester Road, Longford, nr. Coventry	,, ,,
,, A. Sephton	55, Eden Street	,, ,,
,, J. Settle	22, King Edward Road	,, ,,
,, R. Timms	61, Harnall Lane East	,, ,,
,, E. Warner	77, Raglan Street	,, ,,
,, M. J. Winstone	27, Princess Street	,, ,,
,, E. White	19, St. Peter's Street	,, ,,

* Not resident in Coventry.

Letters numbering 12 were sent to midwives during the year with regard to incorrect addresses having been given on the notification of birth cards. Other letters have been sent at 11 different times with regard to births occurring outside the City area; and 13 miscellaneous letters have also been sent.

The causes for sending for medical help were as follows:—

For the Mother.	
Prolonged Labour..	80
Lacerated Perineum	43
Premature Birth	23
Adherent Placenta & Membranes	19
Hæmorrhage	14
Rise of Temperature	12
Abnormal Presentation	10
Contracted Pelvis..	8
Breech Presentation	7
Exhaustion..	5
Abdominal Pain	4
Eclampsia	2
Prolapse of Cord	2
Swelling of Leg	1
Rigor	1
Placenta Prævia	1
Abortion	1
Other Causes	5

For the Child.	
Debility of Child	35
Inflammation of Eyes	13
Deformity	12
Jaundice	5
Tongue Tied	2
Convulsions	2
Swelling of Arm	1
Infantile Paralysis	1
Hæmorrhage	1
Other Causes	3

Cerebro-Spinal Fever and Acute Poliomyelitis.

One case of Cerebo-Spinal Fever, and none of Acute Poliomyelitis were notified. This illness terminated fatally.

The Local Government Board having specially requested that certain information concerning the cases of the above diseases should be included here, viz., in regard to the circumstances in which the illness occurred; measures taken; age and sex of the patient; results of the illness; and whether any permanent paralysis occurred, this information is set out below:—

Case of Cerebro-Spinal Fever. L. H., Female; aged 6; sudden illness; headache; vomiting, followed in three days by convulsions, during which child died. The patient was isolated at home.

Tuberculosis.

The table on page 47 shows that there were registered 150 deaths as due to Pulmonary Tuberculosis, and 30 to other forms of Tuberculosis.

The number of new cases notified under the Regulations of the Local Government Board is set out in the table on page 46.

Public Health (Tuberculosis) Regulations, 1912.

Summary of Notifications received during period from January 4th, 1914, to January 2nd, 1915.

Age Periods.	Number of Notifications on Form A.													Number of Notifications on Form B.					Number of Notifications on Form C.	
	Primary Notifications.												*Total Notifications,* (*i.e.*, including cases previously notified by other doctors).	Primary Notifications.				*Total Notifications,* (*i.e.*, including cases previously notified by other doctors.	Poor Law Institutions.	Sanatoria.
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total.		Under 5	5 to 10	10 to 15	Total.			
Pulmonary Males ..	..	2	13	10	14	13	45	32	33	14	3	179	199	..	3	5	8	10	44	28
,, Females ..	..	1	2	7	10	18	30	22	15	6	2	113	122	..	3	4	7	8	18	17
Non-Pulmonary Males ..	..	3	5	1	6	2	3	4	1	1	..	26	29	..	..	..	..	..	2	..
,, ,, Females	1	6	3	5	4	..	3	..	2	..	..	24	24	..	..	..	..	..	..	..

Patients notified as suffering from both pulmonary and non-pulmonary disease are included among the "pulmonary" returns only.

All notifications on Form **D** are disregarded in preparing this return.

*PRIMARY NOTIFICATIONS relate to patients who have not previously been notified in this or former years, either on Form **A** or on Form **B**, in the area to which the return relates. Any additional notification of a case which has been previously notified in the area is regarded as duplicate.

† A School Medical Inspector is required to notify on Form **B** all cases of tuberculosis discovered in the course of inspection of children attending public elementary schools whether or not these have previously been notified.

Cols. 2-13. Only those cases which have been notified for the first time during the year on Form **A** in the area concerned, and which have never previously been notified in the area, either on Form **A** or on Form **B**, are included in these columns.

Col. 14. The object of this column is to show the extent to which duplicate notification of the same case occurs on Form **A**, and **all** notifications on Form **A**, whether duplicate or not, are to be included in this column.

Cols. 15-18. Only those cases which have been notified for the first time during the year on Form **B**, and which have never previously been notified in the area, either on Form **A** or on Form **B**, are included in these columns.

Col. 19. **All** notifications which have been made during the year on Form **B**, whether the cases have previously been notified in the area, or not, either on Form **A** or on Form **B**, are included in this column.

Col. 21. Only notifications on Form **C** made by the Medical Officers of Sanatoria, as defined in the Tuberculosis Regulations, are entered in this column.

Deaths from Tuberculosis during the last 41 years.

Year.	Estimated Population.	Phthisis.	Phthisis. Death Rate.	Other forms of Tuberculosis.	Totals.	Tuberculosis Death Rate.	Averages Tuberculosis Death Rates.
1874*	39,000	38	1·94	12	50	2·56	2·53
1875	39,116	83	2·14	34	117	2 96	
1876	39,890	70	1·76	22	92	2 30	
1877	40,344	66	1·63	29	95	2·35	
1878	40,778	84	2·06	13	97	2·37	
1879	41,222	89	2·15	22	111	2·68	
1880	41,666	78	1·87	36	114	2 74	2·15
1881	42,111	65	1·54	28	93	2 20	
1882	42,750	62	1·47	22	84	1·96	
1883	44,000	74	1 78	15	89	2·02	
1884	44,500	82	1·84	18	100	2·24	
1885	45,000	72	1·60	16	88	1·74	
1886	45 500	60	1·31	13	73	1·60	1 93
1887	46,500	70	1·50	25	95	2·04	
1888	47,500	61	1·28	15	76	1·60	
1889	48,500	103	2·12	11	114	2·33	
1890	49,500	91	1·84	21	112	2 26	
1891	52,724	78	1·47	14	92	1·74	
1892	54,000	79	1·46	33	112	2 07	1·82
1893	54,700	70	1·28	30	100	1·82	
1894	55,300	73	1·32	32	105	1·88	
1895	56,000	70	1·25	27	97	1·73	
1896	59,151	86	1·45	19	105	1 78	
1897	61,234	69	1·12	33	102	1·66	
1898	61,555	64	1·03	28	92	1·49	1 72
1899	61,796	85	1·37	29	114	1·84	
1900	70,075	105	1·49	36	141	2·01	
1901	70,300	83	1·18	35	118	1·67	
1902	73,000	81	1·10	39	120	1·64	
1903	75 700	87	1 15	43	130	1·71	
1904	77,500	78	1·00	30	108	1·39	1·51
1905	81 000	75	0·92	29	104	1·28	
1906	83 900	88	1·04	40	128	1·51	
1907	87,000	108	1·24	42	150	1·72	
1908	91 000	120	1·31	41	161	1·76	
1909	93,500	97	1·03	37	134	1·43	
1910	102,000	88	0·87	49	137	1·35	1·36
1911	107,287	87	0·80	30	117	1·08	
1912	111,166	115	1·03	34	149	1·34	
1913	115,061	140	1·21	36	170	1·52	
1914	119,003	150	1·26	30	180	1·51	

* Latter half of year only.

The routine adopted here in regard to the following up of cases of Pulmonary Tuberculosis by visits from the Health Visitors, and the method adopted in regard to disinfection, have been so often set forth in previous reports that they do not require to be repeated. When disinfection has been carried out after death, certain information has been collected for statistical purposes, and the principal points of this information are given in the following tables :—

DEATHS FROM PHTHISIS.

Occupation.

Housewives	31
Machinists	10
Motor Machinists	5
Tailors	3
Iron Turners	3
Watch Makers	3
Dressmakers	3
Labourers	3
Clerks	2
Iron Fitters	2
Cycle Enamellers	2
Silk Weavers	2
Boot Repairers	2
Motor Lorry Attendant	1
Cycle Packer	1
General Dealer	1
Cycle Chain Assembler	1
Newsagent	1
Hawker	1
Draper's Assistant	1
Plasterer	1
Hairdresser	1
House Decorater	1
Grocer's Assistant	1
Tape Filler	1
Universal Grinder	1
Butcher's Assistant	1
Storekeeper	1
Ironstamper	1
Cycle Works Labourer	1
Cycle Frame Filer	1
Hosiery Trimmer	1
Metal Moulder	1
Carter	1
Turner	1
Artificial Silk Winder	1
Engineer's Machinist	1
Engineer's Fitter	1
Printer's Engraver	1
Tobacconist	1
Tyre Store Keeper	1
Cycle Finisher	1
Carpenter	1
Boarding House Keeper	1
Machine Tool Turner	1
Mechanical Engineer	1
Marine Store Dealer	1
Silk Weaver	1
	106

Duration of illness:—

Under 6 months	21
Between 6 months and 1 year	31
Between 1 and 2 years	28
Over 2 years	26
	106

Duration of Cough:—

Under 6 months	41
Between 6 months and 1 year	23
Between 1 and 2 years	22
Over 2 years	20
	106

Confined to bed:—

One week or less	17
Between 1 and 2 weeks	16
Between 2 and 4 weeks	23
Between 1 and 2 months	26
Over 2 months	24
	106

Rent :—

£20 or over ..	4
6/- to 8/- per week	61
4/6 to 6/- per week	28
Under 4/6 per week	13
	106

Bedrooms :—

1 or 2 bedrooms..	49
3 bedrooms	44
4 bedrooms	8
5 bedrooms	3
6 or more bedrooms	2
	106

Number of houses not through ventilated .. 10

These figures again show how very much more prevalent this illness is in small houses than in the larger ones. No less than 93 out of 106 deaths have occurred in houses with three or less bedrooms. They also show how protracted the illness is in many cases.

Some progress has been made with the carrying out of the joint scheme with the County Council of Warwickshire with regard to the treatment of Tuberculosis in the County and in the City. The Tuberculosis Officer, Dr. D. J. Clark, was appointed, and commenced his duties towards the end of the year.

Patients suffering from Pulmonary Tuberculosis—whether insured or uninsured—have, as before, been sent, some to the Winsley Sanatorium, The Mount Vernon Sanatorium, The Royal National Hospital for Consumption, Ventnor, and a few other smaller Sanatoria. During the year an agreement was entered into with the Bourne Castle Sanatorium, at Belbroughton, for the leasing of ten beds at that Sanatorium. The insured applicants are nominated and paid for by the Insurance Committee. The Insurance Committee has also entered into an arrangement with the governing body of the Bramcote Hospital, by which insured patients from Coventry are sent to that Hospital. In a few instances that Committee has been good enough to allow vacancies to be filled by uninsured persons sent at the expense of the Sanitary Committee.

The temporary Tuberculosis Dispensary referred to in the Report for 1913, as started in the Discharge Block of the City Hospital, has, with the consent of the Local Government Board, been continued under the supervision of Dr. Kenderdine. Patients recommended for a course of treatment by Tuberculin injections are referred to that Dispensary. During the year 29 patients have attended with a view to obtaining this course of treatment.

Owing to the fact that the visits by the Health Visitors have now been paid to consumptive patients for a number of years, and that the illness is often a protracted one, the list of known cases is a gradually increasing one. The number of cases of Pulmonary Tuberculosis known to the Department as being alive on December 31st, 1914, was 685. Of these 569 had been visited by Health Visitors. Those not visited were private patients of better classes (75) or were in the Union (41).

Numbers 1, 2, 3, 4, 7, 8, 21, 22, 24, 42, 43, 50, 54, 55, 56, 58, 61, 62, 69, 82, 86, 88, 89, 102, 105, 108, 112, 115, 119, 131, 141, 156, 165, 166, 200, 203, and 228 died in previous years.

Numbers 15, 27, 113 (insured), 144, 181, 204, 206, 227, and 234 left the City in previous years and could not be traced.

Numbers (Insured) 59, 201, 213, 296 were patients who were re-admitted to different Sanatoria.

The following table is drawn up on the lines recommended by the late Dr. Bulstrode, of the Local Government Board, showing the position so far as "remaining well" is concerned of those patients who have gone from Coventry to Sanatoria :—

PATIENTS.

Year of Admission.	No. Admitted.	Remaining well at end of year.					
		1909	1910	1911	1912	1913	1914
1909	19	11	10	8	7	5	4
1910	20	—	12	13	10	7	5
1911	23	—	—	15	16	12	9
1912	46	—	—	—	19	23	21
1913	60	—	—	—	—	33	38
1914	119*	—	—	—	—	—	43
	287						120

Out of the Total (120) remaining well at the end of the year, 116 are said to be at work daily.

* Out of this number (119) there were 30 patients in Sanatoria on December 31st, 1914.

The Health Visitors state :—

"Visits numbering 1,319 have been paid to phthisical patients; these consisted of enquiries into the health of patients some time after their return from Sanatoria; first visits to fresh cases notified by Doctors, and quarterly visits to those patients whose names remain on our lists."

As it is highly important that the utility of Sanatoria should be accurately gauged, now that they are so much in vogue, I am appending below a statement concerning all those patients who have been sent to Sanatoria from Coventry, and who were known to be alive at the beginning of 1914; *i.e.*, of course, patients sent through the Corporation including those nominated and paid for by the Insurance Committee; the latter may be distinguished by having a number under the column "Insured."

Patients sent to Sanatoria from Coventry.

(W = Winsley; N = Northwood; Ma = Maitland; Me = Meathop; V = Ventnor; B = Bramcote; S = North of England Children's Sanatorium, Southport; Bel. = Belbroughton).

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
5	W	M		22	Polisher	March 25th, 1909	May 20th, 1909	February 8th, 1915. Very unsatisfactory condition. Unable to work.
13	W	M		23	Toolmaker	May 22nd, 1909	July 10th, 1909	Left Coventry.
17	W	M		30	Driller	July 19th, 1909	January 6th, 1910	See No. 96.
19	W	M		29	Cycle Fitter	July 15th, 1909	November 4th, 1909	February 10th, 1915. The patient has kept well throughout the year. At work daily.
34	W	F		11	School girl	September 17th, 1909	January 6th, 1910	February 18th, 1915. Very much improved. No cough. Able to be at work daily.
44	W	F		28	Married	November 12th, 1909	April 27th, 1910	February 23rd, 1915. This patient has kept well throughout the year. No cough. Able to do household work.
45	W	M		24	Cycle Plater	January 12th, 1910	April 6th, 1910	February 12th, 1915. Not so well as formerly. Losing weight. Is still at work.
47	W	M		26	Mechanic	January 10th, 1910	April 30th, 1910	Left Coventry.
49	W	M		33	Cycle Fitter	January 10th, 1910	April 28th, 1910	February 26th, 1915. This patient has moved to Basingstoke on account of his work. Reported to be quite well.
72	W	F		24	Married	July 27th, 1910	November 16th, 1910	January 20th, 1915. Quite well. Able to do household work.
73	W	M		43	Brazier	July 22nd, 1910	November 11th, 1910	November 10th, 1914. Patient keeping well. At work.
74	W	F		13	School girl	July 27th, 1910	November 16th, 1910	February 26th, 1915. Quite well. At home doing household work.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
78	W	M		25	Clerk	September 1st, 1910	March 2nd, 1911	February 5th, 1915. Patient rather better. Is living in Shelter lent by the Insurance Committee.
91	W	F		20	Machinist	December 1st, 1910	January 25th, 1911	December 11th, 1914. Keeping quite well At work daily.
95	W	M		30	Iron Polisher	January 19th, 1911	March 16th, 1911	February 4th. 1915. Fairly well. At work.
96	W	M		32	Driller	January 19th, 1911	May 12th, 1911	February 17th, 1915. Fairly well. At work daily.
97	W	M		27	Toolmaker	January 27th, 1911	March 18th, 1911	November 26th, 1914 Patient has kept well throughout the year. Able to be at work daily.
99	W	F		29	Married	March 22nd. 1911	June 24th, 1911	Died April 10th, 1914
104	W	F		10	School girl	April 14th, 1911	August 5th, 1911	December 14th, 1914. Very much improved. Cough very much less
106	W	M		16	Currier	June 14th, 1911	October 4th, 1911	November 13th, 1914. Not so well as formerly. At work daily
109	W	M		20	Toolmaker	May 19th, 1911	September 9th, 1911	January 14th, 1915. Keeping quite well. Able to be at work daily.
111	W	M		17	Printer	May 26th, 1911	July 22nd, 1911	November 18th, 1914. Patient has remained well throughout the year. Able to work daily.
112	W	F		22	Tailoress	June 28th, 1911	October 18th, 1911	Died January 14th, 1914.
118	W	M		31	Packer	August 5th, 1911	August 22nd, 1911 (This patient discharged himself.)	February 11th, 1915. Only fairly well. Slight cough. At work.
122	W	F		36	Domestic Servant	September 18th, 1911	December 11th, 1911	Left Coventry.
125	W	M		29	Fitter	September 14th, 1911	January 3rd, 1912	November 2nd. 1914. Keeping well. At work daily

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
137	W	M		16	Baker's Assistant	November 2nd, 1911	February 22nd, 1912	January 14th, 1915. Patient has remained well throughout the year At work daily.
143	W	F		20	Bookbinder	December 13th, 1911	March 27th, 1912	February 9th, 1915. Patient's condition unsatisfactory. Other complications have retarded progress.
149	W	M		32	Carpenter	January 30th, 1912	May 18th, 1912	February 27th, 1915. Keeping very well. At work daily.
152	W	M		35	Millwright	February 22nd, 1912	May 18th, 1912	February 25th, 1915 Is keeping fairly well. Able to work daily.
154	W	F		20	Machinist	March 29th, 1912	May 24th, 1912	February 1st, 1915. Keeping fairly well. Voice rather hoarse. Able to do household work.
157	W	M		32	Printer	March 27th, 1912	July 16th, 1912	February 18th, 1915. Said to be quite well. Has enlisted in the Royal Field Artillery.
167	W	M		19	Insurance Agent	May 23rd, 1912	September 7th, 1912	February 2nd, 1915 Not so well as formerly. Cough troublesome.
178	W	F		34	Married	September 30th, 1912	January 18th, 1913	February 8th, 1915. Patient not so well as formerly. Other complications have arisen which make her recovery doubtful.
179	W	F		27	Married	July 18th, 1912	October 5th, 1912	November 5th, 1914. Patient keeping fairly well. Able to do household work.
184	W	F		31	Married	July 23rd, 1912	November 9th, 1912	February 24th, 1915. Condition very satisfactory. Able to do household work.
185	N	M		31	Machinist	July 23rd, 1912	September 28th, 1912	December 15th, 1914. Not so well as formerly. Able to do intermittent work.
187	W	F		18	Weaver	July 23rd, 1912	November 9th, 1912	January 26th, 1915. Keeping fairly well. Is working in a factory.
190	W	M		39	Filer	August 16th, 1912	November 7th, 1912	See No. 103 (Insured)
192	W	F		13	School girl	October 12th, 1912	February 8th, 1913	February 17th, 1915. Said to be quite well. Able to work daily.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
198	Me	F		21	Married	October 2nd, 1912	December 7th, 1912 (This patient discharged herself.)	November 10th, 1914. Keeping quite well. Able to do household work.
199	W	M		19	Fitter	September 12th, 1912	November 7th, 1912	February 12th, 1915 Keeping fairly well. Able to be at work. Patient always has a slight cough.
201	N	M		18	Printer	September 14th, 1912	December 7th, 1912 (This patient discharged himself.)	November 10th, 1914. Patient has remained well throughout the year. Is doing work out-of-doors.
212	N	F		15	Typist	October 14th, 1912	January 22nd, 1913	January 15th, 1915. Quite well. Able to do household work.
219	W	F		14	No occupation	November 11th, 1912	March 1st, 1913	February 5th, 1915. Keeping fairly well. Has had severe cold this winter. At work now.
220	W	F		13	School girl	November 11th, 1912	March 1st, 1913	February 2nd, 1915. Condition very satisfactory. Able to be at work daily. No cough.
223	W	F		10	School girl	March 6th, 1913	June 16th, 1913	February 25th, 1915. Fairly well. Able to attend school. Slight cough.
224	N	M		10	School boy	May 30th, 1914	December 30th, 1914	January 13th, 1915. Very much improved for his stay at the sanatorium.
242	W	M		12	School boy	February 10th. 1914	May 30th, 1914	November 12th, 1914. Keeping fairly well. At work.
243	N	F		37	Married	December 27th, 1912	May 3rd, 1913	February 2nd, 1914. Patient said to be quite well so far as chest is concerned.
248	N	F		34	Married	January 14th, 1913	April 9th. 1913	November 13th, 1914. Very much improved. Able to do household work.
256	N	F		25	Married	January 14th, 1913	April 9th, 1913	Died May 21st, 1914.
257	N	F		17	Domestic Servant	April 8th, 1913	August 20th, 1913	Died June 28th, 1914.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
258	N	F		12	School girl	February 12th, 1913	May 6th, 1913	January 13th, 1915. Fairly well. Able to do household work.
261	Ma	F		8	School girl	March 12th, 1913	June 4th, 1913	January 31st, 1915. Keeping fairly well. Not able to go to school.
262	N	F		38	Married	March 4th, 1913	May 24th, 1913	Left Coventry. Said to be quite well.
267	Ma	F		12	School girl	June 4th, 1913	August 27th, 1913	January 26th, 1915. Very much improved. Appetite good. No cough.
268	N	F		33	Married	April 25th, 1913	July 17th, 1913	November 13th, 1914. Keeping fairly well. Has slight cough.
269	N	F		25	Married	April 25th, 1913	July 17th, 1913	February 19th, 1915. Not so well as formerly. Has had more coughing for the last 6 months.
272	N	F		33	Married	April 28th, 1913	August 2nd, 1913	Died December 16th, 1914.
275	W	M		12	School boy	October 2nd, 1913	January 21st, 1914	February 18th, 1915. Patient keeping very well. No cough now. Has not started to attend school yet.
278	N	F		24	Nurse	May 3rd, 1913	July 11th, 1913	February 1st, 1915. Quite well. Has recently married.
282	N	F		9	School girl	July 7th, 1913	December 17th, 1913	November 23rd, 1914. Patient not quite so well as upon her return from the sanatorium. Able to attend school.
284	N	M		9	School boy	July 7th, 1913	December 17th, 1913	February 10th, 1915. Keeping well. Appetite good. No cough. Is attending school.
289	S	F		9	School girl	November 19th, 1914		
293	N	F		14	School girl	September 24th, 1913	March 11th, 1914	February 24th, 1915. Patient keeping well. Able to work daily.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
294	N	F		12	School girl	November 3rd, 1913	May 16th, 1914	February 19th, 1915. Condition fairly satisfactory. Able to attend school.
295	S	F		7	School girl	May 15th, 1914	June 22nd, 1914	December 16th, 1914. Able to be at school daily. Health continues fairly satisfactory.
296	N	M		13	School boy	October 11th, 1913	February 14th, 1914	November 13th, 1914. Keeping well. Working daily.
297	Ma	F		10	School girl	October 29th, 1913	January 31st, 1914	Died June 24th, 1914.
301	N	F		9	School girl	November 3rd, 1913	March 28th, 1914	December 10th, 1914. Keeping well. Attended the open-air school during the summer months.
303	N	M		10	School boy	December 8th, 1913	January 28th, 1914	Left Coventry.
304	N	F		10	School girl	December 8th, 1913	May 30th, 1914	February 12th, 1915. Patient is keeping well. Has not started school yet. Has gained 1½ lbs. in weight during the last month.
305	N	F		16	School girl	December 8th, 1913	August 10th, 1914	This patient did not return to Coventry after her discharge from the sanatorium.
306	S	F		5½	—	December 22nd, 1913	March 30th, 1914	February 18th, 1915. This patient remains well. Is able to be at school.
308	N	F		37	Housewife	January 1st, 1914	May 7th, 1914	November 10th, 1914. Not so well as upon her return from the sanatorium. Able to do a little housework.
309	N	M		8	School boy	February 10th, 1914	May 30th, 1914	October 10th, 1914. Patient keeping fairly well
313	N	F		7	School girl	January 24th, 1914	May 16th, 1914	November 27th, 1914. Has been sent away by Board of Guardians. Is very much better.
315	N	M		10	School boy	February 3rd, 1914	May 30th, 1914	November 12th, 1914. Not so well as formerly. Cough troublesome.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
316	N	M		11	School boy	February 12th, 1914	May 30th, 1914	January 21st, 1915. Has been sent to Kenilworth by Board of Guardians.
319	N	F		24	Married	March 14th, 1914	June 12th, 1914	January 29th, 1915. Patient very ill; confined to bed.
320	S	M		7	School boy	April 17th, 1914	June 22nd, 1914	December 15th, 1914. Patient very much better. Appetite good.
321	N	M		13	School boy	March 7th, 1914	May 30th, 1914	February 5th, 1915. Keeping well. Is working daily in an office.
322	S	F		8	School girl	April 17th, 1914	June 22nd, 1914	January 21st, 1915. Not so well as formerly. Is suffering from tubercular glands.
323	N	F		31	Married	April 11th, 1914	July 3rd, 1914	January 19th, 1915. Keeping fairly well. Strength maintained.
326	S	F		5	—	May 15th, 1914	July 29th, 1914	November 11th, 1914. Patient has improved since her return from the sanatorium.
328	N	M		13	School boy	May 2nd, 1914	August 22nd, 1914	February 2nd, 1915. Keeping fairly well. At work daily.
329	N	M		13	School boy	April 28th, 1914	August 8th, 1914	February 2nd, 1915. Patient only fairly well. Has started work.
331	N	F		28	Married	May 21st, 1914	July 30th, 1914	January 18th, 1915. Keeping fairly well. Weight maintained. No cough.
333	N	F		12	School girl	June 15th, 1914	October 3rd, 1914	February 4th, 1915. Very much better for her stay at the sanatorium. Has not started school yet.
337	N	F		33	Married	September 14th, 1914	November 21st, 1914	February 2nd, 1915. This patient is not so well as on her return from the sanatorium. Cough rather troublesome.
338	S	F		7	School girl	August 6th, 1914	October 1st, 1914	February 4th, 1915. Not quite so well as on her return from the sanatorium.
338a	N	M		14	School boy	September 14th, 1914	November 25th, 1914	February 2nd, 1915. Condition satisfactory. Has started work out-of-doors.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
344	B	F		35	Married	July 8th, 1914	September 16th, 1914	November 24th, 1914. Keeping very well. Is living in a shelter lent by the Sanitary Committee.
346	B	F		33	Married	September 16th, 1914	November 11th, 1914	Died December 16th, 1914
347	N	F		13	School girl	August 13th, 1914		
347a	B	F		53	Married	September 16th, 1914	November 11th, 1914	February 2nd, 1915. Not so well as formerly. Patient complains of pain in chest.
348	N	M		13	School boy	August 7th, 1914		
350	N	M		9	School boy	August 7th, 1914		
353	W	F		29	Married	July 29th, 1914	September 4th, 1914 (This patient discharged herself owing to domestic trouble.)	January 19th, 1915. Quite well now. Able to do household work.
356	S	F		9	School girl	August 6th, 1914	September 26th, 1914	February 2nd, 1915. This patient's condition has improved since her return from the sanatorium. Has started attending school.
357	N	M		15	—	August 7th, 1914	November 13th, 1914	November 19th, 1914. Fairly well. Cough troublesome.
360	W	M		28	Draughtsman	September 22nd, 1914	December 15th, 1914	February 4th, 1915. Very much improved. Able to be at work daily.
361	N	M		13	School boy	October 8th, 1914	December 10th, 1914	February 3rd, 1915. Patient has improved for his stay at the sanatorium. Has gained in weight. No cough now.
362	N	F		12	School girl	October 8th, 1914		

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
363	N	F		25	Married	October 8th, 1914	October 14th, 1914 (This patient discharged herself.)	November 17th, 1914. Very much improved for her stay at the sanatorium.
364	B	F		25	—	October 21st, 1914		
365	W	F		13	School girl	November 10th, 1914		
368	B	F		10½	School girl	November 11th, 1914		
369	W	M		11	School boy	November 12th, 1914		
371	B	M		15	Errand boy	November 9th, 1914		
373	S	F		10	School girl	December 3rd, 1914		
374	Bel.	F		16	—	December 9th, 1914		
376	Bel.	M		40	Mechanic	December 17th, 1914		
377	W	M		18	School teacher	December 17th, 1914		
378	Bel	F		30	Married	December 17th, 1914		
379	Bel.	F		29	Music teacher	December 28th, 1914		
380	N	M		9	School boy	December 30th, 1914		
381	W	F		32	Married	December 19th, 1914		

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
	W	M	No. 1	27	Turner	September 12th, 1912	December 21st, 1912	February 18th, 1915. Patient said to be quite well. At work daily.
	N	M	No. 20	21	Turner	September 30th, 1912	January 13th, 1913	February 10th, 1915. Keeping well. At work daily.
	N	M	No. 25	35	Machinist	November 4th, 1912	January 8th, 1913	January 5th, 1915. Patient fairly well. Able to be at work daily.
	N	F	No. 33	18	Weaver	November 16th, 1912	March 8th, 1913	Left Coventry.
	N	M	No. 47	30	Motor Machinist	November 16th, 1912	February 22nd, 1913	February 15th, 1915. Keeping fairly well. At work daily.
	W	M	No. 48	29	Fitter	November 12th, 1912	January 7th, 1913	February 10th, 1915. Condition very satisfactory. At work.
	N	F	No. 52	21	Typist	November 4th, 1912	March 8th, 1913	February 12th, 1915. Quite well. Able to be at work daily.
	N	F	No. 57	25	Domestic Servant	November 16th, 1912	February 11th, 1913	February 10th, 1915. Left Coventry.
	N V	F F	No. 59	25 27	Tailoress	November 16th, 1912 (Re-admitted April 1st, 1914).	February 24th, 1913 June 24th, 1914	November 26th, 1914. Only fairly well. At home.
	Ma	F	No. 65	21	Machinist	January 6th, 1913	April 7th, 1913	January 29th, 1915. Patient keeping quite well. Able to do household work.
	N	M	No. 66	22	Assistant Schoolmaster	November 16th, 1912	December 19th, 1912	January 16th, 1915. Moved away. Letter received from patient saying he is keeping well.
	W	M	No. 79	34	Turner	December 28th, 1912	March 20th, 1913	February 5th. 1915. Keeping fairly well. Is working in his own shop.
	W	M	No. 90	36	Spinner	January 13th, 1913	April 5th, 1913	November 11th, 1914. Not so well as formerly. Has had some hæmorrhage a short time ago. At work.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
	W	M	No. 94	33	Machinist	February 3rd, 1913	June 21st, 1913	February 5th, 1915. Patient remains well. Working daily.
	W	M	No. 100	29	Printer	March 26th, 1913	July 12th, 1913	February 19th, 1915. Not so well as formerly. Has enlisted about six weeks ago.
	B	M	No. 103	41	Machinist	May 13th, 1914	July 8th, 1914	January 2nd, 1915. Fairly well. Not able to work.
	W	F	No. 116	20	Domestic Servant	June 7th, 1913	September 27th, 1913	Left Coventry. Said to be keeping well.
	W	M	No. 123	22	Clerk	April 9th, 1913	July 26th, 1913	February 5th, 1915. Quite well. Able to be at work daily.
	W	F	No. 124	30	Domestic Servant	June 20th, 1913	September 27th, 1913	Left Coventry.
	W	M	No. 125	21	Clerk	June 23rd, 1913	July 3rd, 1913 (Discharged for insubordination.)	January 14th, 1915. Said to be quite well. Has enlisted.
	W	M	No. 129	37	Turner	July 8th, 1913	September 27th, 1913	January 15th, 1915. Patient keeping well. At work daily.
	W	M	No. 132	28	Fitter	July 17th, 1913	November 6th, 1913	November 28th, 1914. Patient remains very ill. Has had considerable hæmorrhage
	W	F	No. 134	19	Machinist	June 20th, 1913	October 8th, 1913	November 12th, 1914. Keeping very well. Is able to work daily.
	V	F	No. 136	32	Examiner	August 13th, 1913	October 8th, 1913	January 28th, 1915. This patient remains well. Able to do household work.
	V	M	No. 137	28	Plumber	October 16th, 1913	January 8th, 1914	January 29th, 1915. Keeping very well. Able to work.
	V	F	No. 142	21	Pressworker	August 13th, 1913	October 8th, 1913	February 13th, 1915. Patient remains well. No cough now. Is able to do household work
	W	M	No. 153	25	Machinist	August 2nd, 1913	September 27th, 1913	(See No. 296 Insured).

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition
	V	M	No. 157	16	Hammer Attendant	August 23rd, 1913	December 13th, 1913	February 18th, 1915. Reported to be well. Has started work recently.
	V	M	No. 158	48	Fitter	August 25th, 1913 (Re-admitted November 27th, 1913.)	October 7th, 1913 (This patient discharged himself owing to domestic trouble.) January 22nd, 1914	February 3rd, 1915. Patient not so well as formerly. Not at work.
	V	F	No. 159	25	Typist	September 17th, 1913 (Re-admitted December 31st, 1913.)	November 3rd, 1913 (This patient discharged herself owing to domestic trouble.) May 20th, 1914	February 12th, 1915. Patient has remained well throughout the year. Not working at present.
	W	F	No. 160	19	Domestic Servant	October 10th, 1913	January 30th, 1914	This patient did not return to Coventry after she left the sanatorium.
	W	M	No. 162	19	Universal Grinder.	September 30th, 1913	December 23rd, 1913	January 22nd, 1915. Condition unsatisfactory. Not able to work.
	V	M	No. 167	32	Machinist	September 18th, 1913	January 8th, 1914	January 2nd, 1915. Keeping well. Reported to have enlisted in November.
	W	F	No. 169	20	Dressmaker	September 30th, 1913	November 25th 1913	December 11th, 1914. Patient has remained fairly well throughout the year. Not at work at present.
	V	M	No. 173	17	Clerk	September 18th, 1913	January 8th, 1914	November 15th, 1914. Condition very satisfactory. Able to be at work daily.
	V	M	No. 190	32	Card Facer	September 18th, 1913	December 8th, 1913	November 18th, 1914. This patient has improved since his return from the sanatorium. Able to be at work daily.
	W	F	No. 192	21	Packer	October 15th, 1913	February 3rd, 1914	February 26th, 1915. Very ill. Not able to leave her bed.
	B	F	No. 195	19	Factory hand	June 4th, 1914	August 27th, 1914	January 13th, 1915. Very much improved. Is living in shelter lent by Insurance Committee.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
	V	M	No. 196	42	Compositor	October 16th, 1913	February 5th, 1914	December 22nd, 1914. Keeping fairly well. At work daily.
	W	M	No. 199	20	Polisher	November 8th, 1913	November 9th, 1913 (This patient discharged himself.)	February 9th, 1915 Not at all well. At work.
	W	M	No. 201	36	Watchmaker	November 14th, 1913 (Re-admitted July 15th, 1914.)	January 7th 1914	November 12th, 1914. About the same. Cough troublesome.
	B	,,	,, ,,	,,	,,		September 9th, 1914	
	W	F	No. 202	19	Factory hand	November 28th, 1913	March 20th, 1914	January 14th, 1915. This patient has left Coventry.
	V	M	No. 204	26	Packer	December 6th, 1913	January 31st, 1914	February 24th, 1915. Patient ill with pneumonia at the present time. Is progressing favourably.
	V	M	No. 205	19	Mechanic	December 6th, 1913	February 21st, 1914	February 10th. 1915. Great improvement since his return from the sanatorium. Has obtained employment out-of-doors.
	W	M	No. 207	37	Polisher	December 27th, 1913	April 18th, 1914	This patient enlisted during August, 1914.
	B	M	No. 209	20	Grinder	January 10th, 1914	March 16th, 1914	January 13th, 1915. Patient very ill with pleurisy. Cough troublesome.
	B	M	No. 211	33	Labourer	January 29th, 1914	March 26th, 1914	January 9th, 1915. This patient enlisted last August. Said to be keeping well.
	B	M	No. 213	49	Builder's Labourer	December 22nd, 1913 (Re-admitted May 13th, 1914).	February 18th, 1914 July 8th, 1914	February 3rd, 1915. Fairly well. Has obtained employment out-of-doors.
	W	F	No. 215	28	Married	February 3rd, 1914	March 21st, 1914	January 15th, 1915. Has left Coventry. Said to be keeping fairly well.
	W	M	No. 218	20	Machinist	January 9th, 1914	January 26th, 1914 (This patient discharged himself.)	Died March 13th, 1914.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
	V	M	No 221	24	Tailor	January 15th, 1914	April 9th, 1914	February 4th, 1915. This patient is keeping fairly well. Able to be at work.
	W	F	No. 223	25	Box-maker	February 5th, 1914	May 28th, 1914	December 9th, 1914. Keeping well. Has not started work yet.
	B	M	No. 229	32	Machinist	February 18th, 1914	May 13th, 1914	Died November 10th, 1914.
	W	M	No. 233	30	Printer	February 4th, 1914	May 28th, 1914	January 14th, 1915. Quite well. At work daily.
	B	M	No. 234	32	Brass Polisher	February 18th, 1914 (Re-admitted September 24th, 1914.)	May 13th, 1914 November 25th, 1914	February 19th, 1915. Not so well as in the early part of last year. Not able to work. Cough troublesome. Losing in weight.
	W	M	No. 235	29	Machinist	April 23rd, 1914	July 16th, 1914	February 4th, 1915. Keeping well. Has been with the Warwickshire Territorials since August, 1914.
	B	M	No. 238	38	Universal Grinder	March 16th, 1914	—	Died at Bramcote, May 9th, 1914.
	V	M	No. 239	26	Store keeper	March 9th, 1914	May 30th, 1914	February 26th, 1915. Not so well as formerly. At work.
	V	M	No. 240	44	Machinist	May 4th, 1914	—	Died at Ventnor, August 25th, 1914.
	W	F	No. 242	22	Winder	March 24th, 1914	July 15th, 1914	January 5th, 1915. Quite well. Has married since her return from the sanatorium.
	B	M	No. 247	28	Clerk	April 8th, 1914	May 30th, 1914	
	Bel.	,,	,, ,,	,,	,,	(Re-admitted December 7th, 1914.)		
	B	M	No. 249	31	Carpenter	April 8th, 1914	June 4th, 1914	February 3rd, 1915. Keeping fairly well. At work daily.
	W	F	No. 250	20	Weaver	April 23rd, 1914	June 24th, 1914	January 13th, 1915. Not so well as on her return from the sanatorium. Losing weight. Not able to work.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
	B	M	No. 252	27	Clerk	April 8th, 1914	June 15th, 1914	December 31st, 1914. Patient said to be well. Able to be at work daily.
	B	M	No. 257	28	Machinist	April 8th, 1914	July 1st, 1914	December 11th, 1914. Patient not so well as formerly. Is losing weight.
	B	F	No. 258	23	Factory-hand	March 26th, 1914	June 4th, 1914	November 10th, 1914. Not so well as formerly. Not able to work.
	B	M	No. 261	52	Stonemason	October 7th, 1914	November 4th, 1914	December 17th, 1914. Patient's condition not satisfactory. Not at work.
	W	F	No. 263	21	Milliner	May 30th, 1914.	September 19th, 1914	December 8th, 1914. Quite well. Able to resume her occupation.
	B	M	No. 264	18	Coremaker	May 20th, 1914	July 15th, 1914	January 8th, 1915. Not so well as on his return from the sanatorium. Not at work.
	B	M	No. 266	28	Machinist	June 5th, 1914	July 31st, 1914	January 8th, 1915. Condition unsatisfactory. Losing weight. Not at work.
	B	M	No. 271	16	Storekeeper	June 18th, 1914	September 9th, 1914	December 22nd, 1914. Said to be quite well. Has enlisted in the Coldstream Guards.
	V	M	No. 273	32	Machinist	May 30th, 1914	Sxptember 5th, 1914	December 21st, 1914. Patient enlisted for active service soon after his return from the sanatorium. Said to be quite well.
	B	M	No. 274	19	Turner	May 13th, 1914	August 5th, 1914	January 5th, 1914. Condition unsatisfactory. Temperature high. Losing weight.
	V	F	No. 276	28	Shop assistant	July 24th. 1914	December 11th, 1914	February 24th. 1915. Patient fairly well. Is living at home. Slight cough.
	W	M	No. 281	19	Ticket writer	May 30th, 1914	July 25th, 1914	February 19th, 1915. Not so well as on his return from the sanatorium. Cough very troublesome. Not able to work.
	W	M	No. 233	29	Baker	June 4th, 1914	August 27th, 1914	November 12th, 1914. Patient keeping well. At work daily.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
	B	F	No. 284	16	Florist	August 27th, 1914	October 21st, 1914	December 12th, 1914. Keeping fairly well. Has resumed her work.
	B	F	No. 285	18	Weaver	July 8th, 1914	September 16th, 1914	January 8th, 1915. Not so well as formerly. Appetite poor. Cough very troublesome. At work.
	B	M	No. 288	38	Stoker	July 1st, 1914	September 24th, 1914	February 27th, 1915. Not so well as formerly. Not able to work.
	W	M	No. 289	32	Iron Polisher	July 18th, 1914	September 14th, 1914	January 26th, 1914. Keeping fairly well. Has recently enlisted.
	B	M	No. 293	29	Blacksmith	July 31st, 1914	September 24th, 1914	January 2nd, 1915. Patient keeps well. Appetite good. At work daily.
	W	F	No. 294	16	Milliner	July 17th, 1914	November 6th, 1914	November 12th, 1914. Very much improved for her stay at the sanatorium.
	W	M	No. 296	26	Printer	July 28th, 1914	October 6th, 1914	November 9th, 1914. Patient keeping fairly well. Has started work.
	B	M	No. 298	36	Machinist	August 5th, 1914	September 29th, 1914	Died February 7th, 1915.
	B	M	No. 302	22	Machinist	September 9th, 1914	November 25th, 1914	January 6th, 1915. Condition unsatisfactory. Not able to work.
	W	M	No. 303	22	Tram Driver	August 29th, 1914	December 19th, 1914	February 19th, 1915. Keeping fairly well. Is able to work some hours daily.
	B	M	No. 306	44	Gardener	September 9th, 1914	October 7th, 1914	December 14th, 1914. Keeping fairly well. Able to do some work.
	W	M	No. 308	27	Tool fitter	October 10th, 1914	December 12th, 1914 (This patient discharged himself.)	February 12th. 1915. Not so well as when he returned from the sanatorium. Cough troublesome. Not able to work.
	W	M	No. 311	35	Motor driver	September 8th, 1914	November 28th, 1914	January 14th, 1915. Very much improved for his stay at the sanatorium. Is able to work daily.

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
	B	M	No. 312	40	Coremaker	September 30th, 1914	November 4th, 1914	January 6th, 1915. Patient not keeping so well as on his return from the sanatorium. Cough troublesome.
	W	M	No. 315	27	Mechanic	September 16th, 1914	November 11th, 1914	January 14th, 1915. Patient keeping well. Working daily.
	B	M	No. 316	37	Enameller	September 24th, 1914	December 17th, 1914	February 27th, 1915. Not so well as formerly. Not able to work.
	V	M	No. 317	34	Crane driver	October 10th, 1914	November 21st, 1914	February 3rd, 1915. Not so well as formerly.
	W	F	No. 318	20	Clerk	September 21st, 1914	October 9th, 1914 (This patient discharged herself.)	November 19th, 1914. Patient keeping very well.
	V	M	No. 319	32	Sand-blaster	October 24th, 1914		
	W	F	No. 321	24	Clerk	October 15th, 1914		
	Bel.	M	No. 323	34	Machinist	November 5th, 1914		
	B	M	No. 324	53	Sand-blaster	November 4th, 1914	December 2nd, 1914	February 5th, 1915. Very weak. Condition unsatisfactory.
	Bel.	F	No. 325	17		November 5th, 1914		
	B	M	No. 327	60	Watchmaker	November 27th, 1914	December 24th, 1914 (This patient discharged himself).	February 19th, 1915. Condition satisfactory. Able to do some work. Is gaining in weight.
	Bel.	F	No. 328	22	Pressworker	November 16th, 1914	December 19th, 1914	January 22nd, 1915. Patient very ill. Confined to bed.
	B	F	No. 329	48	Charwoman	December 2nd, 1914		

Number.	Sanatorium.	Sex.	Insured.	Age on Admission.	Occupation or Condition of Life.	Date of Admission.	Date of Discharge.	Present Condition.
	Bel.	M	No. 330	21	Motor body-maker	November 21st, 1914	December 10th, 1914	February 12th, 1915. Patient has been in bed for some weeks since his return from the sanatorium. Improving
	Bel.	M	No. 332	31	Turner	November 26th, 1914		
	B	F	No. 333	20	Plater	December 9th, 1914		
	Bel.	F	No. 334	16	Weaver	December 7th, 1914		
	Bel.	M	No. 336	34	Clerk	December 16th, 1914		
	B	M	No. 337	46	Wood-worker	December 18th, 1914		
	W	M	No. 341	29	Fitter	December 23rd, 1914		
	B	M	No. 342	36	Machinist	December 24th. 1914		

Cancer.

Eighty-two deaths were registered as due to different forms of malignant disease. The classification of the parts affected, and the ages at death, is set out in the extended schedule on page 127.

The variations that occur in the deaths from malignant diseases are shown in the following figures :—

1901	...	67	1908	...	83
1902	...	42	1909	...	65
1903	...	70	1910	...	76
1904	...	63	1911	...	68
1905	...	52	1912	...	75
1906	...	72	1913	...	86
1907	...	39	1914	...	82

Alcoholism.

Three deaths were attributed to Alcoholism, either acute or chronic; 20 others were ascribed to Cirrhosis of the Liver; this disease is generally caused by Alcoholism.

Other Causes of Death.

I am appending to this report an extended schedule of the causes of, and ages at, death, of those deaths properly belonging to the City which occurred during the year. This gives more detailed information as regards the causes of death than the table on page 28. Sixty-three deaths were attributed to accident or negligence, &c., including eighteen suicidal deaths.

Uncertified Deaths.

There were 28 uncertified deaths during the year, or .02 per cent. of the total number. Deaths are recorded as uncertified when no medical certificate is forthcoming concerning the cause of death, and when no inquest has been held.

	Percentages of Total Deaths Uncertified.
England and Wales	1.2
97 Great Towns (including London) ...	0.8
145 Smaller Towns	1.4
England and Wales less 242 Towns ...	1.7
London	0.1

Still-Births.

No system of registration of still-births exists in this country. Also there are no legal requirements as to the disposal of the bodies of still-born infants. The Superintendent of the Cemeteries kindly furnishes me each month with a record of those that are buried at the Coventry Cemeteries; from these it appears that 122 bodies of infants said to have been still-born were buried in the Cemeteries during the year; of these 59 were certified by medical men as having been still-born, and 63 by midwives.

Inquests.

Eighty-one inquests appear to have been held during the year. These include 6 deaths in the Coventry and Warwickshire Hospital of non-residents. In 26 instances the death was attributed to disease. In the others the originating cause, as indicated by the verdicts, was as follows:—Burns and scalds, 5; alcoholism, 2; suicide, 17; accidents, 21; overlaying, 3; violence, 1.

1914.

Comparison of Prevalence of Sickness and Death from Infectious Diseases.

Year.	Small Pox.		Erysipelas.		Diphtheria.		Membranous Croup.		Scarlet Fever.		Enteric Fever.		Puerperal Fever.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	0	0	56	3	5	5	10	1	67	2	30	4	2	2	...	1
1891	0	0	34	5	8	1	6	3	42	0	34	7	4	4	1341	36
1892	1	0	59	3	1	0	18	2	38	0	53	9	2	4	332	4
1893	30	0	145	7	6	1	4	1	30	0	40	9	9	7	39	0
1894	22	1	109	2	14	3	7	2	385	13	14	6	5	2	2353	54
1895	0	0	84	3	6	3	6	3	439	19	49	5	9	3	116	3
1896	3	0	74	2	16	3	1	3	313	9	59	12	12	9	1205	35
1897	0	0	72	4	14	4	11	6	221	6	25	3	2	1	...	16
1898	0	0	53	0	20	5	13	10	278	10	53	6	10	8	...	29
1899	0	0	60	2	38	5	15	11	188	3	126	18	7	3	...	13
1900	0	0	71	1	42	12	24	10	637	17	48	6	14	7	...	50
1901	2	0	92	3	122	26	17	5	781	18	141	15	22	10	...	3
1902	4	0	66	3	129	28	7	3	245	10	60	6	11	4	...	0
1903	71	3	43	1	113	27	14	7	121	5	15	2	5	0	...	57
1904	5	1	67	5	74	10	4	1	222	10	24	1	9	5	...	0
1905	1	0	95	5	56	8	11	5	249	1	21	6	4	4	...	60
1906	0	0	58	3	56	12	3	0	312	5	12	3	9	3	...	1
1907	0	0	59	2	38	8	5	2	247	4	4	1	5	0	...	20
1908	0	0	44	3	101	8	7	0	238	7	11	1	2	1	...	3
1909	0	0	79	3	121	11	0	0	704	24	16	4	4	1	...	67
1910	1	0	70	3	101	15	3	0	1201	25	20	5	8	4	...	6
1911	0	0	70	2	161	17	0	0	1342	30	27	1	6	1	...	66
1912	0	0	84	0	216	30	1	1	681	17	24	0	4	3	...	52
1913	0	0	48	1	187	33	0	0	244	2	10	2	10	4	...	9
1914	0	0	74	5	135	12	1	0	652	6	15	2	13	6	...	25

Weekly Returns of Infectious Disease.

WEEK ENDING.	Small Pox.	Scarlet Fever.	Diphtheria, including Membranous Croup	Typhoid Fever.	Puerperal Fever.	Erysipelas.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Ophthalmia Neonatorum.	Cerebro-Spinal Fever.
1914.										
January 3	..	6	..	..	..	..	3	1	..	..
,, 10	..	1	1	1	..	2	11	..	..	..
,, 17	..	9	2	..	..	1	12	1	..	..
,, 24	..	4	6	..	..	1	6	..	..	..
,, 31	..	7	1	..	..	5	10	..	..	..
February 7	..	5	3	..	..	3	6	1	..	..
,, 14	..	5	1	..	1	2	1	1	..	..
,, 21	..	5	..	..	1	1	9	1	..	..
,, 28	..	2	1	..	..	..	9	2	..	..
March 7	..	6	5	1	..	1	12	1	..	..
,, 14	..	4	3	..	..	1	5	4	..	..
,, 21	..	4	3	..	..	..	6	2	..	..
,, 28	..	..	4	1	1	..	6	..	..	..
April 4	..	1	1	..	1	1	3	1	..	..
,, 11	..	3	2	..	1	1	4	..	..	..
,, 18	..	1	1	..	..	..	9	..	..	..
,, 25	..	6	5	..	..	1	5	1	1	..
May 2	..	11	4	1	..	4	6	4	1	..
,, 9	..	13	1	2	..	1	5	2	2	..
,, 16	..	18	1	1	..	3	4	1	..	..
,, 23	..	15	1	1	1	2	5	3	..	..
,, 30	..	11	7	1	..	..	5	1	..	..
June 6	..	13	3	1	..	2	1	..	1	..
,, 13	..	2	3	..	1	..	5	3	..	..
,, 20	..	7	2	..	..	1	5	1	..	1
,, 27	..	8	2	1	..	..	12	..	..	..
July 4	..	5	..	..	..	3	9	..	1	..
,, 11	..	8	1	..	..	1	4	1	..	..
,, 18	..	16	..	1	1	1	7	2	..	..
,, 25	..	11	3	..	..	..	6	..	1	..
August 1	..	14	2	..	..	..	3	1	..	..
,, 8	..	7	2	..	..	..	3	..	..	..
,, 15	..	13	3	..	..	1	6	1	1	..
,, 22	..	13	..	1	..	1	4	..	2	..
,, 29	..	15	2	..	..	4	3	1	..	..
September 5	..	11	4	..	..	6	7	1	..	..
,, 12	..	16	2	..	1	2	6	1	..	..
,, 19	..	15	4	..	..	..	4	..	..	..
,, 26	..	20	7	..	1	4	5	1	..	..
October 3	..	24	..	..	..	2	9	1	1	..
,, 10	..	23	..	1	..	1	5	..	..	..
,, 17	..	25	5	..	..	1	5	..	..	..
,, 24	..	27	6	..	..	1	2	..	..	..
,, 31	..	25	1	..	..	5	5	..	..	..
November 7	..	17	4	..	..	1	6	2	1	..
,, 14	..	28	4	..	..	..	5	..	1	..
,, 21	..	30	5	..	..	2	6	..	..	..
,, 28	..	31	6	..	1	1	5	1	1	..
December 5	..	17	..	..	..	1	4	1	..	..
,, 12	..	14	3	..	..	1	10	1	..	..
,, 19	..	21	6	..	1	..	6	4	..	..
,, 26	..	16	2	1	1	2	5	..	2	..
TOTALS	..	638	135	15	13	74	305	50	16	1

PART II.

General Sanitary Administration.

The City and Pinley Isolation Hospitals.

At the City Hospital 573 patients have been under treatment. Thirty patients were remaining in at the beginning of the year, and 543 were admitted during the year. Of this latter number 10 were sick staff, and the remaining 533 were patients actually admitted.

Particulars concerning the illnesses suffered from are given in the subjoined table.

Disease.		In Hospital Jan. 1, 1914.	Admitted during 1914.	Total	Recovered.	Died.	Remaining in Hospital Jan. 1, 1915.	Fatality per cent.
	Scarlet Fever	28	513	541	422	5	114	1·17
Admitted as Scarlet Fever.	Catarrh	..	3	3	3	..	..	..
	Diphtheria	..	2	2	2	..	..	..
	Febricula	..	1	1	1	..	..	..
	Eczema	..	1	1	1	..	..	..
	Urticaria	.	1	1	1	..	..	..
Admitted as Typhoid Fever	Typhoid Fever ..	2	11	13	11	1	1	8·3
	Plumbism ..	..	1	1	1	..	..	..
Sick Staff—								
	Scarlet Fever	..	4	4	3	..	1	..
	Other Illnesses	..	6	6	6	..	..	..
		30	543	573	451	6	116	1·31
		573				573		

The several parts of the Hospitals were open during the following lengths of time:—

City Hospital	North Pavilion - -	186 days.
	New Block - -	365 ,,
	Iron Hospital - -	285 ,,
	South Pavilion - -	260 ,,
	East ,, - -	198 ,,
	West ,, - -	290 ,,
	Berthon Huts - -	90 ,,
Pinley Hospital	(Small Pox) - - -	not open.

The average period of stay of those patients who were admitted during the year to the City Hospital was 49.5 days.

The maximum, average, and minimum numbers of patients in the two Hospitals were as under :—

	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
City Hospital	133	70·5	28
Pinley Hospital	—	—	—

The comparison of these figures with those of previous years is given below :—

Year.	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
1902	45	35·0	24
1903	49	15·9	3
1904	62	28.9	7
1905	65	36.5	16
1906	53	40.0	27
1907	53	31.1	15
1908	52	29.7	11
1909	88	61.0	34
1910	122	105.2	79
1911	112	100.0	74
1912	111	80.8	44
1913	64	32.4	19
1914	133	70.5	28

The following figures represent the number of patients that have been admitted annually to your Hospitals since the opening of the City Hospital in 1874 :—

1874— 12
1875— 14
1876— 22
1877— 38
1878— 54
1879— 76
1880— 90
1881—156
1882— 48
1883— 34

1884— 34
1885—101
1886—111
1887—158
1888—189
1889—210
1890— 83
1891— 91
1892— 72
1893— 65

1894—355
1895—408
1896—313
1897—234
1898—283
1899—257
*1900—610
*1901—405
1902—246
1903—211

1904—278
1905—269
1906—323
1907—256
1908 244
1909 - 500
1910—786
1911—726
1912—554
1913—236
1914—533

*In these years the Pinley Hospital was for a time used as a Convalescent Scarlet Fever Hospital.

The current expenses of the City Hospital during the last financial year, ending 31st March, 1914, amounted to £2,841 9s. 9d.; those for the Pinley Hospital to £129 13s. 7d.

The character of these expenses is set out below :—

CITY HOSPITAL :—	£	s	d.
Salary of Medical Officer as Medical Attendant at Hospital	150	0	0
Wages of Matron and Staff	800	4	0
Contributions under National Insurance Act	18	13	2
Matron's Disbursements ..	2	0	0
Acknowledgments, &c. ..		10	0
Rates, Taxes, & Insurance	180	4	4
Repairs, Furniture, &c. ..	252	16	10
Drapery	19	6	5
Ironmongery, &c. ..	67	17	10
Shrubs and Seeds ..	4	6	1
Provisions	719	17	2
Drugs and Appliances ..	60	16	3
Fuel and Lighting ..	450	9	2
Disinfectants	6	17	0
Stationery, Printing, and Advertising	29	17	11
Operating Fees	5	5	0
Medical Attendance at Hospital	38	6	6
Services of Nurses ..	24	3	0
Telephone	8	17	7
Carriage	1	1	6
	£2,841	9	9

PINLEY HOSPITAL :—	£	s.	d.
Wages of Staff	73	10	0
Contributions under National Insurance Act	1	12	8
Fuel and Lighting ..	12	11	7
Ironmongery, &c. ..	3	4	4
Repairs, &c.	4	4	9
Rates, Taxes, & Insurance	17	14	5
Telephone	13	10	0
Seeds, &c.	3	0	10
Licence for Carbide ..		5	0
	£129	13	7

During the same time the sum of £19 17s. 6d. was received on account of the admission of patients to the City Hospital from outside districts.

The current quarterly expenses of the two Hospitals in 1914 were as under :—

	City Hospital.			Pinley Hospital.		
	£	s.	d.	£	s.	d.
1st Quarter ...	534	5	8	14	5	7
2nd Quarter ...	544	12	1	26	1	3
3rd Quarter ..	843	8	1	6	0	1
4th Quarter ...	753	16	10	12	12	3
	£2,676	2	8	£58	19	2

For the City Hospital, the sum above stated for maintenance expenses, divided among the average number of patients, amounts to 14s. 7d. per head per week.

The average sum expended per week during the year for diet amounted to £16 7s. 10¾d.; this, divided among the average number of patients and boarded staff, comes to 3s. 4¾d. each per week, or the cost of diet for each boarded person was 5¾d. per day.

Disinfecting and Ambulance Station.

The following figures represent the work that has been done in connection with the Disinfection and Ambulance Station:—

Visits paid to houses where infectious disease was suspected or notified—2,216.

Patients removed to the City Hospital—533.

Patients removed to the Pinley Hospital—0.

Houses disinfected by fumigation or spraying—1,042.

Steam disinfecting apparatus used 350 times.

Articles disinfected by steam—19,870.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, has been carried out in nearly all notified cases of infectious disease.

In order to show how the work of this Station varies from year to year, I have made a summary of it for the past eleven years in tabular form.

Years.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.
Visits paid to Houses where Infectious Disease was suspected or notified	1093	1216	1333	1235	1311	2364	2808	3966	3689	1276	2216
Patients removed to Hospital	236	241	295	229	235	591	890	972	573	236	533
Houses disinfected by fumigation or spraying	976	557	565	409	423	722	976	1647	1498	770	1042
Steam disinfecting apparatus used ..	255	249	270	260	270	325	300	350	345	310	350
Articles disinfected by steam	10311	11580	15023	13235	13491	15132	18761	23205	22480	14650	19870

Schools.

In December last the Local Government Board issued a Memorandum on the Annual Reports of Medical Officers of Health. Among the various headings concerning which the Board desires to receive information in these reports is the following :—

> "The sanitary condition and water supply of schools, especially public elementary schools, should be reported on; the action taken in relation to the health of the scholars and for preventing the spread of infectious disease.
>
> Where the Medical Officer of Health is also School Medical Officer it may be convenient that the Annual Report which he is required to make in the latter capacity should be issued together with his Annual Report on the health of his district. In any case, whether the Medical Officer of Health is or is not himself the School Medical Officer, matters relating to public health administration in schools should receive comment in the Annual Report of the Medical Officer of Health."

As, in this City, the Medical Officer of Health is also the School Medical Officer, the two reports are issued together, and some amount of repetition is thereby avoided. See page 139 and seq.

Under Section 39 of the Corporation Act, 1900, the person in charge of any school or department of a school is required to notify to the Medical Officer of Health when it is known that a scholar is suffering from an infectious disease. All known schools and departments of schools are supplied with stamped addressed forms for this purpose by your Sanitary Committee, and on page 82 is given a table of the notifications received during the year.

NOTIFICATIONS RECEIVED FROM SCHOOLS.

School.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Ring-worm.	Mumps.	Diphtheria	Measles.	Skin Disease.	Itch.	Phthisis.	Typhoid Fever.	Miscellaneous.	Totals.
Broad Street, Boys ..	No Re	turn											
,, Girls ..	No Re	turn											
Centaur Road, Boys..	..	..	..	..	..	..	6	..	..	..	..	..	6
,, Girls ..	No Re	turn											
,, Infants	12	16	..	..	13	..	56	1	..	..	.	8	107
Cheylesmore Boys ..	..	3	..	..	2	1	..	..	..	..	..	..	6
,, Girls ..	No Re	turn											
,, Infants	1	1	1	..	5	..	29	..	1	..	..	..	38
Earlsdon, Sen. ..	1	3	..	..	15	..	8	..	..	..	..	..	27
,, Infants ..	47	33	..	4	65	..	117	7	..	..	..	7	280
Edgewick, Sen. ..	..	..	2	..	..	..	10	..	..	..	..	..	12
.. Infants ..	6	29	8	..	10	3	62	..	..	..	..	1	119
Fredk. Bird, Boys ..	..	1	..	2	..	..	1	..	..	..	1	..	5
,, Girls ..	No Re	turn											
.. Infants	12	32	8	11	..	..	62	1	1	2	..	..	129
John Gulson, Boys ..	..	1	..	..	..	1	..	..	..	..	..	..	2
,, Girls ..	..	..	10	..	..	5	3	..	..	..	..	1	19
,, Infants	8	29	33	2	3	1	23	..	..	..	..	3	102
Little Heath	1	7	3	4	..	..	25	1	..	..	..	..	41
Paradise . ..	2	32	30	5	29	1	94	..	..	..	..	..	193
Radford (Senior) ..	9	15	3	..	2	1	60	..	..	..	..	..	90
,, (Infants) ..	6	13	1	1	..	..	6	..	..	..	..	..	27
Red Lane, Boys ..	..	..	..	..	..	1	..	..	..	..	..	..	1
,, Girls ..	..	..	..	..	..	1	..	..	..	..	..	..	1
,, Infants ..	..	..	..	..	..	..	24	..	..	..	..	..	24
South Street, Boys ..	..	2	..	..	..	..	..	..	..		..	..	2
,, Girls ..	..	..	4	..	1	..	..	..	..	..	..		5
,, Infants	No Re	turn											
Spon Street, Boys ..	..	..	2	..	..	..	..	..	..	..	..	..	2
,, Girls ..	..	..	2	1	1	..	..	..	..	..	..	..	4
,, Infants	1	2	4	2	31	1	2	..	..	..	..	..	43
Stoke Council, Boys..	No Re	turn											
,, Girls..	..	..	..	..	..	..	1	..	..	..	..	..	1
,, Infants	No Re	turn											
Wheatley St., Boys ..	No Re	turn											
,, Girls ..	..	1	3	..	..	1	..	..	..	..	..	2	7
,, Infants	No Re	turn											
,, Special	..	..	..	2	..	..	2	..	..	..	..	..	4
All Saints', Sen. ..	..	..	2	..	..	2	..	..	..	..	..	..	4
,, Infants ..	..	17	2	..	1	..	15	..	..	..	..	..	35
Holy Trinity, Boys ..	..	..	..	1	..	..	..	..	..	..	..	..	1
,, Girls ..	No Re	turn											
,, Infants	No Re	turn											
King Fields	..	1	..	..	..	..	10	..	..	..	..	..	11
St. John's, Boys ..	..	1	1	..	6	..	2	..	..	..	..	..	10
,, Girls & Infants	..	..	..	..	2	..	4	..	..	..	..	..	6
St. Mark's, Sen. ..	..	..	4	..	1	1	..	..	..	..	..	..	6
,, Infants ..	..	1	..	..	..	..	1	..	..	..	..	..	2
St. Mary's, Sen. ..	..	..	5	..	..	..	1	..	..	..	..	..	6
,, Infants..	No Re	turn											
St. Michael's, Boys ..	No Re	turn											
,, Girls ..	No Re	turn											
.. Infants	..	16	..	..	3	..	13	..	..	..	..	..	32
St. Osburg's, Sen. ..	No Re	turn											
,, Infants	4	..	..	..	..	..	3	..	..	..	..	..	7
St. Peter's, Boys ..	No Re	turn											
,, Girls & Infants	2	39	7	..	23	1	27	1	..	..	..	3	103
Stoke National ..	..	11	6	..	10	..	12	..	..	..	..	..	39
Thomas Street ..	3	13	3	2	9	2	47	..	..	..	..	..	79
King Henry VIII. ..	No Re	turn											
Public Vaccinators* ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	115	319	144	38	232	23	726	11	2	2	1	25	1638

* Under Section 4 of the Vaccination Act. 1898. Public Vaccinators are required to notify to the Medical Officer of Health whenever they postpone a vaccination on account of the condition of the home or the prevalence of infectious disease.

Mental Deficiency Act, 1913.

A Special Committee was appointed during the year to exercise the powers conferred on your Council under the above Act. Provisionally, I was appointed Medical Adviser to the Committee. The work done up to the present has been preliminary only. So far as has been possible, information has been collected concerning the probable number of persons in the City who would be liable to be dealt with under the Act. Most of the information so collected has been obtained from a study of the after histories of those children who since its inception have left, or been discharged from, the Special School at Wheatley Street.

Information has also been collected from all the institutions which have been, or were to be, approved by the Board of Control, with a view to ascertaining which, if any, of these might be available for persons from this City.

Regulations under the Act have been issued by :—

The Secretary of State for the Home Department.
The Secretary of State for the Home Department with the concurrence of the Local Government Board.
The Secretary of State for the Home Department with the concurrence of the Lord Chancellor.
The Lord Chancellor.
Also by the Board of Education.

Public Mortuary.

The Public Mortuary has been used on 27 occasions during the year.

Twenty of the bodies were brought in by the horsed ambulance and seven by the Police.

The post-mortem room was used six times.

On only two occasions were bodies received from houses in which no separate room was available for the accommodation of the body.

In three instances bodies were brought in expressly for the purpose of making post-mortem examinations.

The particulars concerning the other bodies received into the Mortuary are as follow:—Stillborn infants, 2; Suicides, 10; Accidents, 3; Died in streets or other public places, 7.

Pauperism.

Mr. Evans, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject:—

Number of Inmates of London Road Institution at end of year 1914	519
Average number of inmates for previous five years ...	535
Number of persons who received out-door relief in 1914	1,227
Average number of persons who received out-door relief in previous five years	1,026

	£	s.	d.
Actual expenditure in out-door relief in 1914	3,852	17	4½
Average yearly expenditure in out-door relief in previous five years	2,748	8	3
Increase on the average expenditure in out-door relief	1,104	9	1½

Pauper Sickness.

Returns are received from the Clerk to the Guardians each fortnight concerning the new cases of pauper sickness. In all, 678 such cases have been returned. All cases of consumption indicated in these returns are visited, and also a small number of other cases. These returns afford an indication of the amount and locality of illness among the poorest.

Overcrowding.

Seventeen cases of overcrowding were dealt with during the year. The following were samples taken, without selection, to illustrate the kind of case dealt with:—

1. The house contained one living room and one bedroom, and was occupied by three married women and seven children, of ages varying from 3 months to 5 years. The bedroom contained 1,056 cubic feet, and the living room was of similar capacity.

The circumstances in this case were exceptional, inasmuch as one family had resided in no less than five houses during the year. On two occasions this family was dishoused under ejectment orders, the house in each instance being required as part of a site for a Picture Palace. After occupying the third house for six weeks, the landlord caused the tenant to quit owing to the number of children in the family. The fourth house was overcrowded as described above, and a notice was issued to abate the nuisance. The overcrowding has now been remedied, the Health Department having assisted the family to find a dwelling.

2. The house contained one bedroom of a capacity of 975 cubic feet, and a living room of similar capacity, and was occupied by a man, his wife, and two children, aged 5 years and 1 year respectively, together with (as lodgers) 1 adult male and 2 adult females.

3. The house contained one bedroom of a capacity of 863 cubic feet, and was occupied by a man, his wife, and five children, of ages varying from 7 weeks to 9 years.

4. The house contained three bedrooms, and was occupied by a man, his wife, and six children, of ages varying from 2 to 16 years, together with (as lodgers) a mother and three daughters.

5. The house contained two bedrooms, and was occupied by a man, his wife, and seven children, of ages varying from 1 to 21 years.

6. The house contained two bedrooms, and was occupied by a man, his wife, and six children, of ages varying from 5 to 23 years.

7. The house contained one bedroom, of a capacity of 1,359 cubic feet, and was occupied by a man, his wife, and five children, of ages varying from 2 to 10 years.

8. The house contained one bedroom, of a capacity of 1,300 cubic feet, and was occupied by a man, his wife, and five children, of ages varying from 2 months to 6 years.

Housing of the Working Classes Acts.

The following table summarizes the action which was taken under Part II. of the Act of 1890, and the results which followed :—

YEAR.	Condemned on Certificate of M.O.H.	Improved in consequence.	Closed.	Re-opened after Improvement.	Back-to-back Houses made through-ventilated by the inclusion of 2 Houses in 1.
1891	62	9	6	...	18
1892	43	10	29	...	...
1893	36	8	33	...	10
1894	6	5	1	...	4
1895	15	5	1	...	6
1896	9	...	4	...	...
1897	2	...	2	...	...
1898	4	2	...	...	...
1899	31	12	12	...	6
1900	75	30	5	...	6
1901	42	39	15	5	...
1902	43	23	12	8	...
1903	34	21	7	1	4
1904	40	39	7	1	4
1905	58	3	8	11	8
1906	8	23	4	3	2
1907	9	4	12	3	...
1908	31	23	...	2	...
1909	40	12	24*	1	...
Total ...	588	268	182	35	68

* 13 closed by Magistrates' Order. 11 Voluntarily closed.

HOUSING AND TOWN PLANNING ACT, 1909.

The Housing and Town Planning Act, 1909, came into force during the year 1910. On September 2nd, 1910, the Local Government Board issued an Order relating to the systematic inspection of dwelling houses. This Order stated that the Medical Officer of Health, or some other Officer acting under his direction and supervision, should prepare from time to time a list of dwelling houses, the early inspection of which, in the opinion of the Medical Officer of Health, appeared desirable. In conformity with the requirements of this Order, a list was prepared at the beginning of 1911; this list has been revised from time to time, and at the present time (December 31st, 1914) comprises 295 houses.

Systematic Inspection.—During the past year, a systematic inspection has been made by the Housing Inspector of 116 houses. It has also been found necessary to make 1,359 re-inspections, concerning alterations and work in progress, etc., in connection with houses dealt with as unfit.

Houses dealt with by Committee.—In 91 instances, houses which had been systematically reported on, were subsequently visited by a Sub-Committee, appointed for this purpose; (some of these houses were reported on at the end of 1913, but not visited by the Committee until 1914). The owners (or representatives) of these houses were interviewed by your Committee. In 54 instances Closing Orders were made, 5 of which had reference to houses which were first considered by your Committee in 1913. The question of making Closing Orders was adjourned in 22 cases, in order that the owners might submit specifications for improving the houses. Twenty houses visited by the Visiting Sub-Committee, were awaiting consideration at the close of the year.

Closing Orders.—The Closing Orders made by your Committee had reference to the following houses:—

No. 46, Warwick Lane.
Nos. 48, 49, 50, 51, West Orchard, and 1, 2, 3, 7, 8, in Court 11.
Nos. 3, 4, in Court 5, Freeth Street.
Nos. 7, 8, 9, 10, in Court 50, Spon Street.
No. 6, Douglas Square.
First considered by Committee in 1913.
Nos. 40, 41, White Friars' Lane.
No. 122, Gosford Street.
Nos. 480, 482, and rear of 484, Stoney Stanton Road.
No. 1 in Court 2, Swan Street.
House rear of 7, New Buildings.
No. 1 in Court 3, Upper Well Street.
No. 37, Castle Street, and No. 2 in Court 6.
No. 68, Gosford Street, and Nos. 1, 2, 3, 4, 5, in Court 25.
Nos. 2, 3, 4, 5, in Court 28, Gosford Street.
Nos. 18, 20, 22, 24, Swanswell Place, and Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, in Court 1.

Question of making Closing Orders Adjourned.—The question of making Closing Orders was considered in respect to the following houses, and deferred, in order that the owners might prepare schemes for improving the houses:—

Nos. 85, 86, 88, Spon End, and 1, 2, 3, 4, 5, Jordan's Buildings.
Nos. 484, 488, Stoney Stanton Road.
Nos. 2, 4, 6, 8, 10, Church End.
Nos. 33, 35, 39, Castle Street, and 1, 3, 4, 5, in Court 6.

Schemes submitted for Improvement of Houses.—In 52 instances specifications were submitted by owners for the improvement of houses which had been dealt with as unfit. In 38 cases the proposals embodied in the specifications were approved; in the remaining 14 cases the proposals were not approved.

Houses Improved :—

(*a*) *By the conversion of back to back houses into through ventilated houses* :—

No. 39, Freeth Street, and No. 2 in Court 5.
No. 40, Freeth Street, and No. 1 in Court 5.
No. 91, Spon Street, and No. 1 in Court 27.
No. 37, Castle Street, and No. 2 in Court 6.

(*b*) *By structural alterations, repairs, &c.* :—

Nos. 9, 10, 11, 12, in Court 17, Little Park Street.
Nos. 1, 3, 4, 5, 6, 7, "The Hollows," Foleshill Road.
Nos. 3, 3a, in Court 14, Gosford Street.
Nos. 39, 40, Freeth Street, and 1, 2, in Court 5.
No. 91, Spon Street, and 1 in Court 27, Spon Street.
Nos. 480, 482, 488, rear of 484, 488, Stoney Stanton Road.
No. 1, in Court 3, Upper Well Street.
Nos. 33, 35, 37, 39, Castle Street, and 1, 2, 3, 4, 5, in Court 6.
Improvements in progress at close of year.

Houses converted to other uses.—Houses certified as unfit, partially demolished, and converted to other uses, *i.e.*, workshops, washhouses, &c. :—

Nos. 1, 2, in Court 34, Much Park Street.
No. 6, Douglas Square, Cross Street.
No. 1, in Court 27, Spon Street.
Nos. 2, 3, 4, 5, 6, 7, "Howe's Buildings," Trafalgar Street.
No. 124, Far Gosford Street.

Demolition Orders.—Demolition Orders were made in respect to 19 houses, the same not having been rendered fit for human habitation :—

Nos. 4, 5, 6, 7, 8, 9, 10, 11, 12, in Court 3, Grey Friars' Lane.
Nos. 1, 3, 4, 5, 6, 7, in Court 4, Grey Friars' Lane.
Nos. 25, 26, Upper Well Street.
Nos. 40, 41, White Friars' Lane.

Houses Demolished.—Thirty-eight houses have been demolished, viz. :—

(*a*) *After the making of Demolition Orders* :—

Nos. 1, 2, 3, 4, in Court 17, Little Park Street. Nos. 5, 6, 7, 8, 9, in Court 10, Jordan Well.	Demolished by Local Authority in default of Owner.

(*b*) *Without the making of Demolition Orders* :—

Nos. 125, 126, 127, 128, 129, 130, and house at rear of 130, Far Gosford Street.
Nos. 7, 8, 9, (11-12), 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, in Court 8, Well Street.
Nos. 30, 31, Jordan Well, and 1, 2, 3, in Court 7.
No. 14, in Court 17, Little Park Street.

It will be observed that the progress made in dealing with houses under the Housing Act has been somewhat slow. This has been largely due to three causes, viz. :—(1) The difficulties associated with the displacing of tenants; (2) the war; and (3) the strike in the Building trade, which extended over a period of three months.

Housing and Town Planning Act, 1909.

The following Table summarises the action which was taken under this Act, and the results which have followed :—

Year.	Houses inspected by Housing Inspector.	Number of representations made to Local Authority, with a view to the making of Closing Orders	Number of Houses considered by Local Authority.	Number of Closing Orders made.	Number of dwelling-houses, the defects in which were remedied, without the making of Closing Orders.	Number of dwelling-houses, which, after the making of Closing Orders, were put into a fit state for human habitation.	Number of Closing Orders rescinded.	Number of dwelling-houses voluntarily closed.	Number of Demolition Orders made.	Number of Houses Demolished.
1910	24	24	24	24	1	4	..	..	1	2
1911	212	114	114	92	..	5	5	3	3	7
1912	44	107	107	29	11	34	34	2	36	21
1913	91	107	107	87	47	10	..	..	10	50
1914	116	91	91	54	17	16	15	..	19	38
..	487	443	443	286	76	69	54	5	69	118

Housing and Town Planning Act, 1909.

Detailed Statement showing action taken in connection with Houses considered by the Sanitary Committee, during the year 1914.

Situation of House.	Action taken by the Sanitary Committee.	REMARKS.
No. 46, Warwick Lane	Closing Order made	No improvements effected. House unoccupied.
Nos. 48, 49, 50, 51, West Orchard, and 1, 2, 3, 7, 8 in Court 11	Closing Order made in each case.. ..	Scheme approved by Committee for conversion of back to back houses into through ventilated houses, and for the conversion of two of the houses into Workshops. Alterations postponed until March, 1915, to afford tenants an opportunity of finding other houses.
Nos. 85, 86, 88, Spon End and 1, 2, 3, 4, 5, at the rear	Question of making Closing Orders adjourned, there being a probability that the site would be sold for building purposes	Pending
Nos. 40, 41, White Friars Lane	Closing Orders made. Demolition Orders made	Houses unoccupied. Demolition Orders not expired
No. 122, Gosford Street	Closing Order made	House unoccupied. Question of making Demolition Order under consideration.
Nos. 3, 4, in Court 5, Freeth Street ..	Closing Order made in each case.. ..	Houses unoccupied. Question of making Demolitions Orders under consideration.
Nos. 480, 482, 484, rear of 484, 488, Stoney Stanton Road	Closing Orders made in respect to Nos. 480, 482, and house rear of 484. Question of making Closing Orders adjourned in respect of 484 and 488	Houses improved to the satisfaction of the Sanitary Committee without displacing the tenants.
Nos. 2, 4, 6, 8, 10, Church End	Question of making Closing Orders adjourned, there being a probability that the site would be disposed of for building purposes	Pending.

Situation of House.	Action taken by the Sanitary Committee.	REMARKS.
No. 1 in Court 2, Swan Street	Closing Order made..	Ejectment Order applied for against Tenant, but its execution was suspended, the tenant being unable to find any accommodation, and the Occupier having been called for Military Service.
House at rear of No. 7, New Buildings ..	Closing Order made	House unoccupied. Owner proposes using the house as a store.
No. 1 in Court 3, Upper Well Street ..	Closing Order made	House improved to the satisfaction of the Sanitary Committee, without displacing the tenant.
Nos. 33, 35, 37, 39, Castle Street, and 1, [illegible] 2, 3, 4, 5, in Court 6	Closing Orders made in respect to No. 37 and No. 2 at rear. Question of making Closing Orders adjourned in respect to the remaining houses	Improvements in progress at close of year.
Nos. 68, Gosford Street, and 1, 2, 3, 4, 5, in Court 25	Closing Order made in each case.. ..	Displacement of tenants not proceeded with, there being a probability that the site would be disposed of for building purposes.
Nos. 2, 3, 4, 5 in Court 28, Gosford Street	Closing Order made in each case.. ..	Scheme of improvements approved by Committee, to be proceeded with forthwith.
Nos. 18, 20, 22. 24, Swanswell Place, and Nos. 1 2, 3. 4, 5, 6, 7, 8, 9, 10, 11, 12, in Court 1	Closing Order made in each case.. ..	Displacement of Tenents not proceeded with, owing to the scarcity of available houses.
Nos. 1A, 2A, Conway Square, Butts ..	Visited by Sub-Committee	Awaiting consideration by Sanitary Committee at end of year.
Nos. 27, 29, Cox Street	Ditto	Ditto
Four houses, rear of No. 12 (in Blacksmith's Yard), Binley Road	Ditto	Ditto
Nos. 1, 2, 3, in Court 3, Bishop Street ..	Ditto	Ditto
Nos. 4, 5, 6, in Court 2, Gulson Road ..	Ditto	Ditto
Nos. 2, 3, 4, 5, 6, 7, in Court 12, Well Street	Ditto	Ditto

The City Engineer kindly provides the following information :—

PLANS APPROVED.

Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1901	304	10	60	36	0	1	1	0	2	414
1902	556	29	53	66	0	0	0	0	10	714
1903	810	16	95	68	1	0	0	1	4	995
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685
1906	1116	55	45	64	4	0	1	2	26	1313
1907	1275	70	45	105	1	0	1	4 including two additions	35	1536
1908	1084	16	42	94	2	1	1	0	17	1257
1909	1030	40	54	111	1	1	0	2	4	1243
1910	1205	34	62	141	2	0	1	2	30	1477
1911	1386	40	62	147	8	0	0	2	5	1650
1912	622	69	102	140	3 including two additions	0	0	3 including two additions	16	955
1913	1236	75	98	113	7	0	0	1	15	1545
1914	1189	43	91	118	2	1	0	4 including two additions and one Sunday School.	3	1451

BUILDINGS COMPLETED.

Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1901	426	8	27	18	0	1	1	1	0	482
1902	403	18	19	21	0	0	0	0	6	467
1903	622	15	34	8	2	0	0	0	6	687
1904	671	13	39	21	0	0	0	2 additions	0	746
1905	378	14	14	11	2	0	0	1	6	426
1906	728	34	7	16	2	0	0	2	13	802
1907	1010	48	20	32	2	0	0	1	18	1131
1908	1188	26	21	44	2	0	2	1*	7	1291
1909	1169	32	28	49	5	0	0	1	14	1298
1910	959	45	20	61	2	0	0	0	13	1103
1911	1211	39	46	66	4	1	0	4 including one addition	19	1390
1912	894	67	53	99	2	0	0	0	5	1120
1913	838	67	60	80	12	0	0	4 including three additions	10	1071
1914	927	32	56	82	1	2 including one addition	0	1*	14	1115

* Sunday School.

House Accommodation.

On December 8th I reported on this question to your Sanitary Committee as follows :—

"Since your last meeting the Health Department has made an enumeration of the unoccupied houses of the City; the following are the figures obtained, and also those of the previous two years for comparison:—

	1912.	1913.	1914.
Houses of £20 per year and upwards ...	31	60	68
Houses of from 5/6 to 7/6 per week ...	13	44	22
Houses of from 2/6 to 5/- per week ...	6	9	9
Houses under 2/6 per week	0	0	0
	50	113	99."

Registered Places.

The questions that have arisen and the action which has been taken in connection with these are dealt with below:—

SLAUGHTER-HOUSES.

Number of slaughterhouses on Register, January, 1914 ...	50
,, ,, ,, discontinued during year ...	2
,, ,, ,, on Register, December, 1914	48
,, ,, visits	1553
,, ,, contraventions observed	10

The contraventions related to defective drainage, cleansing of walls and floors, and the removal of offal within the specified time.

Notifications were received from 56 butchers using 37 slaughterhouses, concerning the carcases of 195 animals, viz., 17 bullocks, 50 heifers, 88 cows, 7 calves, 18 sheep, and 15 pigs, these having been found, after slaughter, to be diseased or unsound.

The meat surrendered and destroyed, in connection with these notifications, amounted to 11,333 lbs., and was as follows:— Beef, 9,576 lbs. (of which 4,575 lbs. were tuberculous); Veal, 558 lbs. (80 lbs. tuberculous); Mutton, 379 lbs.; Pork, 820 lbs. (250 lbs. tuberculous).

Eight annual licences were renewed, and no applications were received for additional premises.

UNWHOLESOME FOOD.

The following quantities of unsound food have been surrendered from shops and stores:—168 rabbits, 83 lbs. of tripe, and 13 tins of preserved meat, fish and fruit.

PUBLIC ABATTOIR.

On September 10th, 1914, the Local Government Board held an Inquiry at St. Mary's Hall concerning an application for sanction to borrow £1,950 for the purchase of land near Canal Road, Edgewick, as a site for a Public Abattoir. After due inquiry, sanction was obtained for this purpose.

DAIRIES, COWSHEDS, AND MILKSHOPS.

COWSHEDS.

Number of cowkeepers on Register, December, 1913	13
,, ,, ,, ,, ,, ,, 1914	13
,, ,, cowsheds in use, December, 1913 ...	26
,, ,, ,, ,, ,, 1914 ...	25
,, ,, visits during the year	83
,, ,, contraventions observed	9

The contraventions observed related to defective pavement and drainage, dirty floors, and limewashing not carried out at the specified periods.

In one instance the Sanitary Committee cautioned a cowkeeper for neglecting to cause the floor of a cowshed to be thoroughly swept, and all dung and other offensive matter removed from such cowshed as often as necessary, and not less than once per day. It was found that the floor of this cowshed had not been cleansed for three days.

A plan was presented and approved for the erection of a large cowshed to replace two comparatively new cowsheds that were about to be taken down owing to the land being required for street extensions and building purposes.

MILKSHOPS.

Number of names on Register, December, 1913 ...	358
,, ,, ,, added to Register during year	44
,, ,, ,, removed from Register during year	21
,, ,, ,, on Register, December, 1914...	381
,, ,, visits	686
,, ,, contraventions observed	55

The contraventions related to:—

Milk stored in unsuitable places	4
Vessels containing milk not kept covered ...	19
Milk stores requiring cleansing and limewashing...	21
Milk sellers not registered	7
Defective floors and pavement	4
	55

Several milksellers omitted to apply for their names to be entered on the Register, and were verbally cautioned.

In May your Sanitary Committee ordered the requirements of the Dairies, Cowsheds and Milkshops Order, 1885, so far as it related to the registration of dairymen and others, to be re-advertised in the local newspapers.

During the year, a plan was examined and approved for the erection of a dairy and milk distributing depôt.

TUBERCULOUS MILK.

The Milk Clauses of the Corporation Act, 1900, give the Corporation power to take samples of milk with a view to determining whether they are likely to cause tuberculosis or not, and if an examination of them proves that there is a likelihood, we have power to examine the cows of a farm where the milk comes from, with the assistance of a Veterinary Surgeon, to ascertain, if possible, which cow is at fault. We have this power whether the farm is situated inside or outside the City.

Fifty-six such samples have been taken during the year. Thirty-nine were primary samples of mixed milk obtained from different dairymen milking 882 cows. Thirty-five of these samples—obtained from 721 cows—were reported to be free from tubercle bacilli, and four samples—obtained from 161 cows—were found to contain living tubercle bacilli.

The other samples were taken in following up and tracing the source of the tubercle bacilli in the contaminated milk, or were samples from individual cows.

The particulars of the "following up" of tuberculous samples are as follows:—

Sample No. 12 was obtained on March 10th from a Coventry milkseller shortly after it had been delivered by a farmer residing near Canley. On it being found that tubercle bacilli were present, Mr. Dale, Veterinary Inspector, visited the farm in question on April 8th, and examined the udders of 49 cows. Samples of milk were taken from two cows having suspicious udders, and both samples were found to contain living tubercle bacilli. The cows giving tuberculous milk were isolated and reported to the County Police, who caused the animals to be slaughtered in accordance with the provisions of the Tuberculosis Order, 1913. After slaughter it was found that one cow was suffering from Tuberculosis (not being advanced Tuberculosis) and the other was found to be suffering from advanced Tuberculosis.

A control specimen obtained from this dairy on May 7th was found to be non-tuberculous.

Sample No. 13 was obtained on March 10th from a Coventry milkseller shortly after it had been delivered by a farmer residing at Corley. On it being found that tubercle bacilli were present, Mr. Dale, Veterinary Inspector, visited the farm in question on April 7th, and examined the udders of 37 cows. Samples of milk were obtained from two cows having suspicious udders, and one sample was found to contain living tubercle bacilli. The cow giving tuberculous milk was isolated and slaughtered. A control sample of milk obtained from this dairy on May 6th was found to be non-tuberculous.

Sample No. 15 was obtained on March 11th from a shopkeeper in the City, who obtained about one gallon of milk per day from a purveyor—A—residing in Allesley. It was ascertained that the purveyor obtained milk from three farms, B, C, and D, of Allesley. Separate samples were obtained on April 22nd from each dairy, and these samples were certified as non-tuberculous. Further investigations were made, and it was found that the same cows were not in milk at the farm C on April 22nd as on March 11th, the date when the primary sample was obtained, and that one cow had been removed from dairy B. However, further control samples were obtained on October 25th from the dairies of B and C, and both samples were again certified to be non-tuberculous.

Sample No. 42 was obtained on August 27th. on delivery by a Weston-in-Arden farmer to a Coventry milkseller. On it being found that tubercle bacilli were present, Mr. Dale, Veterinary Inspector, visited the farm on October 5th, and examined the udders of 42 cows. Samples of milk were obtained from two cows having suspicious udders, and one of these samples was found to contain living tubercle bacilli. The cow giving tuberculous milk was isolated, and on November 5th a control sample was obtained from the other cows in the herd. This sample was also found to contain tubercle bacilli. A further examination was made, and samples obtained from four other cows having suspicious udders. One of these samples was found to contain tubercle bacilli. The cow giving tuberculous milk was isolated, and a second control sample was obtained on January 19th, 1915. This sample was certified to be non-tuberculous.

COMMON LODGING HOUSES.

There are three Registered Common Lodging Houses in the City, containing 28 sleeping rooms with nightly accommodation for 162 persons. The average number of persons resorting nightly to these houses is 142.

The general conditions are much the same as when reported on last year.

An application was received for premises to be registered as a Common Lodging House, but this was not granted. Two applications for the renewal of the annual registration of keepers in accordance with the provisions of Public Health Acts Amendment Act, 1907, were acceded to.

Eighty-seven visits were paid to these houses during the past year. The contraventions observed related to limewashing walls and cleansing floors.

MUNICIPAL COMMON LODGING HOUSE.

The question of the provision of a Municipal Common Lodging House has been considered at several meetings of the Public Abattoir and Municipal Lodging House Sub-Committee of your Sanitary Committee. Negotiations were carried on in regard to the purchase of an existing institution and its adaptation for the purposes of a Common Lodging House. It was ultimately concluded that the expense involved by this would entail fully as much cost as the erection of a building specially adapted for the purpose, and the scheme was consequently abandoned. Various sites have been visited and considered by the Sub-Committee, and at the end of the year enquiries were being made concerning two apparently reasonable sites. The war will probably interfere with any material steps being taken in this direction, but the matter is still before the Sub-Committee.

During the year the question of the provision of a Common Lodging House or Hostel for women and girls has been under the consideration of your Sanitary Committee. I was instructed by that Committee to report concerning the nature and extent of the lodging house accommodation required in this City both for men and women. A report on this matter I presented at the beginning of the current year, which report is at present before the Committee.

HOUSES LET IN LODGINGS.

Number of houses on register, December, 1913 ...	31
,, ,, ,, added to register during year	4
,, ,, ,, removed from register during year	2
,, ,, ,, remaining on register, December, 1914	33
,, ,, visits during the year	352
,, ,, contraventions observed	28
,, ,, notices and letters issued to remedy same	31
,, ,, Magisterial proceedings	1

The contraventions related to :—

Limewashing and cleansing	4
Foul and defective water-closets and urinals ...	10
Dirty and defective yard pavements	1
Dirty and defective floors	7
Registration	1
Defective drains	2
Overcrowding	1
Animals kept	2

Magisterial proceedings were instituted in one instance for a contravention of the Bye-laws with respect to registration.

There are now 33 houses on the register, four having been added during the past year.

These 33 houses contain sleeping accommodation for 687 persons nightly.

During the past year, it was found that the accommodation provided considerably exceeded the demand for this class of lodging; the average number of beds occupied nightly being 470, or about two-thirds of the total number of beds available.

Two houses let in lodgings were certified under the Housing Acts, in 1913, as unfit for habitation, and have been closed during the past year.

Offensive Trades.

No application has been made during the year for permission to use premises for the purpose of carrying on an offensive trade.

Annual permits have been renewed in three instances for carrying on the business of hide, skin, bone and fat collectors.

PUBLIC HEALTH ACTS AMENDMENT ACT, 1907.

Particulars were supplied to the Local Government Board with the view to their confirmation of an order declaring certain trades to be offensive trades within the meaning of Section 112 of the Public Health Act, 1875, as amended by any subsequent enactments, with a view to the Board declaring certain other trades, businesses, or manufactures, offensive trades, as provided for in Section 51 of the Public Health Acts Amendment Act, 1907. This has now been done by confirming order dated April 12th, 1915, by which the following are declared offensive trades, viz.: That of a Gut-Scraper, Fish-Frier, Rag and Bone Dealer, and a Hide and Skin Dealer. It is provided that the expression, "A Rag and Bone Dealer" means any person who, for the purpose of sale, carries on on any premises the trade of receiving, storing, sorting, or manipulating any rags in an offensive condition, or in a condition likely to become offensive, or any bones, rabbit skins, fat, or any other putrescible products of a like nature."

Smoke Abatement.

Inspector Clarke reported as follows :—

Number of observations	639
Number of chimneys under observation	66
Number of chimneys observed to be emitting black smoke in such quantities as to be a nuisance	34
Number of notices served	6
Number of letters sent	52
Number of cautions to stokers	16

In most cases it was found that the excessive smoke observed was preventable, an improvement being effected and maintained on receipt of a caution or notice.

In one instance structural alterations were found to be necessary, and mechanical stokers were fitted to the existing boilers at a cost of £500; these alterations appear to have brought about the desired improvement in the amount of smoke emitted from this particular chimney.

Sale of Food and Drugs Acts, 1875 to 1907.

Mr. Clarke, the Inspector under these Acts, reports as follows :—

During the past year 248 samples of food and drugs were submitted to the Public Analyst, who certified 241 as genuine and 7 adulterated.

The samples were collected in the following manner :— Formal samples, 180; preliminary samples, 68; and included: New milk, 180; cream, 2; butter, 52; lard, 4; condensed milk, 2; arrowroot, 1; camphorated oil, 2; linseed meal, 3; cheese, 1; tea deposit, 1.

Of the 180 samples of new milk, 174 were certified as genuine, and 6 to be deficient in fat in amounts varying from 10 per cent. to 17 per cent. The 52 samples of butter were certified as genuine. The sample of cheese was certified as adulterated, being deficient of at least 20 per cent. of fat.

All the dairy products were tested for preservatives.

The vendors of the samples of milk that were found to be deficient in fat were cautioned, and advised to use a plunger before pouring milk out from the top of the churn or serving from the pail. Subsequent samples obtained from the same vendors proved to be genuine and of good quality.

The sample of cheese was obtained from an itinerant cheesemonger, who has not re-visited the market since the informal sample was obtained.

In compliance with the Margarine Act, 1887, and the Sale of Food and Drugs Act, 1899, one application has been received to register premises wherein the business of a wholesale dealer in margarine was carried on. A certificate was issued, and a copy forwarded to the Board of Agriculture.

TABLE SUGGESTED BY THE LOCAL GOVERNMENT BOARD.

Report of Administration in connection with the Public Health (Milk and Cream) Regulations, 1912.

Report for the year ended 31st December, 1914.

1. *Milk; and Cream not sold as Preserved Cream.*

	(*a*) Number of samples examined for the presence of a preservative.	(*b*) Number in which a preservative was reported to be present.
Milk	180	..
Cream	1	1

Nature of preservative in each case in column (*b*) and action taken under the Regulations in regard to it. 0.2% Boric Acid.

2. *Cream sold as Preserved Cream.*

(*a*) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i). Correct statements made	1
(ii). Statements incorrect	—
Total	1

(*b*) Determinations made of milk fat in cream sold as preserved cream.

(i). Above 35 per cent.	1
(ii). Below 35 per cent.	—
Total	1

(*c*) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed (None).

(*d*) Particulars of each case in which the Regulations have not been complied with, and action taken (None).

3. *Thickening substances.* Any evidence of their addition to cream or to preserved cream. Action taken where found (None).

4. *Other observations, if any.*

Fertilizers and Feeding Stuffs Act, 1906.

Six samples of feeding stuffs were submitted to the official Agricultural Analyst, who certified each sample to be satisfactory and of good average quality.

Factory and Workshop Act, 1901.

Section 132 of this Act is as follows :—"The Medical Officer of Health of every District Council shall, in his annual report to them, report specifically on the administration of the Act in workshops and work places, and he shall send a copy of his annual report, or so much of it as deals with the subject, to the Secretary of State."

The following references were received from His Majesty's Inspector, and when dealt with, a report to this effect was forwarded to him :—

January 2nd—Workshop.
"Insufficient means of ventilation in workroom."

Observations :—
Ventilation improved.

January 23rd—Workshop.
"Walls of workroom appear to require cleansing and ceiling limewashing."

Observations :—
Walls painted and ceiling whitewashed.

January 23rd—Workshop.
"No means are provided for removing from workshop the fumes arising from gas stove used for heating irons."

Observations :—
Means provided.

January 30th—Workshop.
"Sanitary convenience not provided."

Observations :—
One water-closet provided.

January 30th—Workshop.
"Sanitary convenience not provided."

Observations :—
Sanitary convenience provided.

January 30th—Workshop.

"Walls and ceiling of workshop appear to require cleansing."

Observations:—

Limewashed and cleansed.

January 30th—Bakehouse.

"The floor of the bakehouse is used for the storing of articles in such a manner as not to be conducive to the maintenance of cleanliness."

Observations:—

Improvements effected.

February 6th—Workshop.

"Walls and ceilings of workshop appear to require limewashing."

Observations:—

Walls and ceiling limewashed.

February 6th—Workshop.

"Walls and ceiling appear to require limewashing."

Observations:—

Walls and ceiling limewashed.

February 13th—Workshop.

"Sanitary convenience requires limewashing and cleansing."

Observations:—

Sanitary convenience limewashed and cleansed.

February 13th—Workshop.

"Walls and ceilings appear to require limewashing."

Observations:—

Walls and ceilings limewashed.

February 13th—Factory.

"Three sanitary conveniences for 100 male persons."

Observations:—

Additional closet accommodation provided.

March 6th—Factory.

"Only one sanitary convenience for both sexes."

Observations:—

Remedied.

March 14th—Factory.

"Insufficient sanitary accommodation. Only five conveniences for about 150 workpeople."

Observations:—

Additional water-closets provided.

April 4th—Factory.

"Only five sanitary conveniences for 150 male persons."

Observations:—

Remedied.

April 14th—Factory.

"Only four sanitary conveniences for 112 males."

Observations :—

Two additional water-closets provided.

April 22nd—Workshop.

"Insufficient means of ventilation."

Observations :—

Ventilation improved.

May 7th—Factory.

"No separate approach to sanitary conveniences for the sexes."

Observations :—

Remedied.

May 7th—Workshop.

"Bakehouse appears to need cleansing."

Observations :—

Limewashed and cleansed.

June 6th—Factory.

"No separate approach to sanitary conveniences for the sexes."

Observations :—

Remedied.

June 20th—Workshop.

"No separate sanitary convenience for sexes."

Observations :—

Remedied.

June 20th—Workshop.

"Top workroom needs cleansing."

Observations :—

Workshop cleansed.

June 22nd—Workshop.

"Workrooms require cleansing."

Observations :—

Workrooms cleansed.

July 16th—Workshop.

"Two workshops need cleansing."

Observations :—

Remedied.

July 16th—Workshop.

"Women's workroom in dirty condition."

Observations :—

Workroom cleansed.

August 7th—Workshop.
"Workshop needs cleansing."

Observations:—
Workshop cleansed.

August 22nd—Factory.
"No intervening ventilated space between workrooms and sanitary conveniences."

Observations:—
Remedied.

August 24th—Workshop.
"Sanitary convenience not provided."

Observations:—
Remedied.

August 28th—Factory.
"Sanitary convenience without flushing arrangement."

Observations:—
Remedied.

September 4th—Workshop.
"Sanitary convenience not provided."

Observations:—
Remedied.

October 6th—Workshop.
"Tops of workrooms need limewashing."

Observations:—
Walls and ceilings limewashed.

November 7th—Factory.
"Defective flush at sanitary convenience."

Observations:—
Remedied.

December 4th—Workshop.
"No separate sanitary conveniences for sexes. No means provided for removal of fumes from workroom, arising from iron heating apparatus."

Observations:—
Remedied.

December 8th—Factory.
"Leak in set of sanitary convenience for girls."

Observations:—
Remedied.

December 11th—Workshop.
"Walls of workrooms dirty and need limewashing."

Observations:—
Limewashed and cleansed.

Factories, Workshops, Workplaces and Homework.

1.—INSPECTION.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES .. .. (Including Factory Laundries).	168	17	0
WORKSHOPS .. .. (Including Workshop Laundries).	837	18	0
WORKPLACES .. .. (Other than outworkers premises included in Part 3 of this Report).	315	23	0
TOTAL	1,320	58	0

2.—DEFECTS FOUND.

Particulars.	Number of Defects			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector	
*Nuisances under the Public Health Acts :—**				
Want of cleanliness	78	76	..	..
Want of ventilation	6	4	..	..
Overcrowding	..	..	..	..
Want of drainage of floors	..	..	..	..
Other nuisances	15	13	..	..
Sanitary accommodation — insufficient	4	4	..	..
Sanitary accommodation — unsuitable or defective..	30	26	..	..
Sanitary accommodation — not separate for sexes ..	3	3	..	..
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouse (s. 101)	..	..	..	..
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	18	17	..	..
Other offences .. .. (Excluding offences relating to outwork which are included in Part 3 of this Report).	3	3	..	..
Total	157	146	..	..

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* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—HOME WORK.

NATURE OF WORK.*	OUTWORKERS' LISTS, SECTION 107. Lists received from Employers. Sending twice in the year. Lists.†	Sending twice in the year. Outworkers.† Con-tractors	Sending twice in the year. Outworkers.† Work-men.	Sending once in the year. Lists.	Sending once in the year. Outworkers. Con-tractors	Sending once in the year. Outworkers. Work-men.	Notices served on Occupiers as to keeping or sending lists.	Prosecutions. Failing to keep or permit inspection of lists.	Prosecutions. Failing to send lists.	Outwork in Unwholesome Premises, Section 108. Instances.	Outwork in Unwholesome Premises, Section 108. Notices served.	Outwork in Unwholesome Premises, Section 108. Prosecutions.	Outwork in Infected Premises. Sections 109, 110. Instances.	Outwork in Infected Premises. Sections 109, 110. Orders made (S. 110).	Outwork in Infected Premises. Sections 109, 110. Prosecutions (Sections 109, 110).
1.	2.	3.	4.	5.	6.	7.	8.	9	10.	11.	12.	13.	14.	15.	16.
Wearing Apparel—															
making, &c.	10	12	40	6	6	11	..	..	..	3	..	..	..	..	..
cleaning and washing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Household linen	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lace, lace curtains and nets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Curt'ns & furniture hangings	6	2	40	..	..	..	..	..	..	1	..	..	..	..	..
Furniture and Upholstery ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Electro-Plate	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
File making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brass and brass articles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fur pulling	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cables and Chains	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Anchors and Grapnels ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cart Gear	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Locks, Latches and Keys ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Umbrellas, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Artificial Flowers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nets, other than wire nets ..	2	..	53	..	..	..	..	..	..	3	..	..	..	..	..
Tents	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sacks	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Racquet and Tennis Balls ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Paper, &c., Boxes, Paper Bags	2	..	24	..	..	..	..	..	..	1	..	..	..	..	..
Brush making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pea Picking	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Feather Sorting	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Carding, &c., of Buttons, &c.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Stuffed Toys	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Basket Making	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chocolates and Sweetmeats	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	20	14	157	6	6	11	..	..	..	8	..	..	..	..	..

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* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list should be included among those in column 2 (or 5 as the case may be) against the principal class *only*, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote should be added to show that this has been done.

† The figures required in columns 2, 3 and 4 are the *total* number of the lists received from those employers who comply strictly with the statutory duty of sending *two* lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be *even* numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 will usually be (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer the same outworker's name will often be repeated.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.		Number.
Important classes of workshops, such as workshop bakehouses may be enumerated here.	Bakers	96
	Sugar Boilers	2
	Watch Makers	56
	Dressmakers	104
	Tailors	41
	Boot Makers and Repairers	36
	Milliners	36
	Joiners and Carpenters	15
	Cabinet Makers	8
	Cycle Repair Shops	14
	Ironmongers and Smiths	4
	Plumbers and Painters	9
	Gas Fitters and Bellhangers	1
	Pattern Makers and Brassfounders	4
	Saddlers	3
	Tinworkers	4
	Picture Framers	3
	Laundries	6
	Box and Bag Makers	1
	Printers and Bookbinders	1
	Card Stampers	2
	Engravers, etc.	1
	Marine Store Dealers	3
	Coach Builders and Wheelwrights	8
	Various	37
Total number of workshops on Register		495

5.—OTHER MATTERS.

Class.		Number.
Matters notified to H.M. Inspector of Factories :—		
Failure to affix Abstract of the Factory and Workshop Act (s. 133, 1901)		3
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5, 1901)	Notified by H M. Inspector	35
	Reports (of action taken) sent to H.M. Inspector	35
Other		0
Underground Bakehouses (s. 101) :—		
Certificates granted during the year		0
In use at the end of the year		0

BAKEHOUSES.

Number on Register, December, 1914	109
,, of new bakehouses opened	2
,, ,, bakehouses unoccupied	16
,, ,, changes of occupancy	2
,, ,, visits	290
,, ,, contraventions observed	18
,, ,, ,, remedied	18

Most of the contraventions related to limewashing walls and ceilings. In one instance a notification was received from H.M. Inspector of Factories to the effect that the floor of a bakehouse was used for the storing of articles in such a manner as not to be conducive to the maintenance of cleanliness.

OUTWORKERS.

Lists of outworkers have been received in regular course from various manufacturing firms in the City. Visits numbering 110 have been paid by the Health Visitors to these workers, and most of the homes where the work has been done have been found tidy and in a satisfactory condition.

Out of the entire number visited, eight defects have been found and reports made.

Sanitary Prosecutions.

Only in one instance was it necessary to have recourse to Magisterial proceedings; this was in the case of an infringement of the Byelaws relating to houses let in lodgings. I do not remember any previous year in which so low a record has been reached. It is satisfactory to report that the notices served by the Health Department are attended to without this necessity.

Diseases of Animals Act and Orders of the Board of Agriculture.

Mr. W. H. Clarke, the Inspector under this Act reports as follows :—

SWINE FEVER.

One outbreak of this disease occurred on May 29th at premises situate in a field adjoining Barker Butts Lane.

On the date of the outbreak there were 65 pigs in the sheds, 15 of which had been moved from Warwick, and 50 from Essex. One of the Essex pigs died, and after due enquiry by the Veterinary Officers of the Board of Agriculture, swine fever was certified to exist on the premises. The herd of 64 pigs were then valued and slaughtered, and the premises cleansed and disinfected in the prescribed manner.

No further outbreak occurred during the year.

Periodical cleansing and disinfecting of the Markets and Sale Yards have been carried out in accordance with the requirements of the Markets and Sales Order, 1910, and there has been no suspected case of Swine Fever observed by the Veterinary Inspector who visits the Markets and Sales.

ANTHRAX.

An outbreak of Anthrax occurred on April 30th, at Farm premises, Allesley Old Road, the animal affected being one of twenty-six dairy cows. The carcase was examined shortly after death by Mr. Dale, Veterinary Inspector, who, after microscopically examining the blood, reported that in his opinion death was due to Anthrax. In accordance with the provisions of the Anthrax Order, specimens were submitted to the Veterinary Staff of the Board of Agriculture, who confirmed Mr. Dale's diagnosis.

The carcase of the animal affected was cremated at the Refuse Destructor. The premises were cleansed and disinfected, and no further outbreak occurred.

It is possible that this outbreak may be due to a previous case which occurred on these premises on January 3rd, 1910, when the farmer caused the carcase of a cow that had died from Anthrax to be bled in the cowshed, and the carcase dragged through the farmyard to a cart shed, where the hide was taken off and the carcase opened, the blood being freely spilled about the manger and floor of the cowshed and yard adjoining, thus infecting the premises with this disease.

PARASITIC MANGE.

Outbreaks of this disease occurred in two stables. In one case the horse affected was isolated and received veterinary treatment; in the other case the horse was slaughtered. The stables, harness, and utensils were cleansed and disinfected in accordance with the requirements of the Order.

TUBERCULOSIS ORDERS, 1913 AND 1914.

On July 9th, the Tuberculosis Order of 1914 came into force, revoking the Order of 1913. The important changes in the provisions of the new Order relate to notice of disease, valuation for compensation, and slaughter of diseased animals.

Owing to the war crisis the Board of Agriculture suspended the operation of this Order from August 6th. However, no outbreak was reported during the period the Orders were in force.

Canal Boats.

Inspector Clarke, the Inspector under the Canal Boats' Acts, furnishes the following information, which shows the steps taken by the Sanitary Authority to give effect to the Acts and Regulations affecting Canal Boats:—

Total number of Boats registered to 31st December, 1914 ...	406
Number of Boats added to Register in 1914	13
Number re-registered owing to structural alterations ...	0
Number re-registered owing to other reasons	9
Total number of Registrations cancelled	182
Actual number of Boats on Register at 31st December, 1914	224
Number of Boats inspected in 1914	199
Number of Boats conforming to the Acts and Regulations	180
Number of Boats infringing the Acts and Regulations ...	19
Total number for which the Cabins were registered ...	639
Total number occupying the Cabins	583

Details of Occupation:—

Male Adults	201
Female Adults	141
Children of School Age	158
Children under School Age	83

No of Cases met with	Details respecting Infringements.	No. of Cases remedied.
3	Absence of Certificate	2
3	Certificate not identifying Owner with Boat	3
1	Marking	1
4	Overcrowding	4
13	Painting	7
6	Ventilation	4
8	Dilapidation	7
38	Total cases met. Total cases remedied	28

Number of Legal Proceedings taken	nil.
Number of printed Notice Forms issued	15
Number of Notices attended to	9
Number still corresponding about	6

Water Supply.

Your Waterworks Engineer kindly informs me that during the twelve months 825,126,600 gallons of water have been supplied from the public sources to the City; of this, 367,951,600 gallons were supplied from Spon End, and 457,175,000 gallons from Shustoke. He also informs me that 256 new services have been laid on to build and supply 1,006 houses and 28 other buildings; guarantees have been received for 935 completed houses, in which are included 1,164 water-closets and 489 new baths.

The amount supplied gives an average consumption of 19.1 gallons per head per day. The comparison of this figure with that of previous years is given below:—

	Amount supplied per day.	Estimated population served.	Amount per head per day.
1897	1,420,000 gals.	61,234	23 gals.
1898	1,577,207 ,,	61,555	25 ,,
1899	1,723,926 ,,	61,796	27 ,,
1900	1,896,106 ,,	62,037	30 ,,
1901	1,649,292 ,,	62,200	25 ,,
1902	1,670,749 ,,	67,330	25 ,,
1903	1,678,461 ,,	72,550	23 ,,
1904	1,633,098 ,,	75,250	21 ,,
1905	1,775,229 ,,	78,917	22 ,,
1906	1,913,430 ,,	82,600	23 ,,
1907	1,873,153 ,,	85,800	21 ,,
1908	1,896,191 ,,	90,000	21 ,,
1909	1,962,625 ,,	93,500	21 ,,
1910	1,923,921 ,,	102,000	18·8 ,,
1911	2,067,443 ,,	107,287	19·2 ,,
1912	2,087,762 ,,	111,166	18·7 ,,
1913	2,221,279 ,,	115,064	19·3 ,,
1914	2,260,621 ,,	119,003	19·1 ,,

The Coventry water supply is derived from two sources, the one source being a surface water supply coming from the river Bourne, which is collected in a large reservoir at Shustoke, and treated by sand filtration. This water supply belongs to the City of Birmingham. The other source is that of deep wells, which are situated within the City at Spon End.

The chemical results of the periodical analyses which have been made of these various waters are shown in the accompanying table; regular bacteriological examinations have also been made.

The water from the Whitley Well has not been used as a part of the public supply since April, 1909. Certain subsidences then occurred, and it was found that the adits of the well were in direct communication with the surface. The well therefore was liable to all the possibilities of pollution of a shallow well or other surface supply. It became clear that steps would have to be taken to guard against such pollution as in the case of a surface supply. This has now been done. Experts on water purification were consulted; a scheme for putting their advice into operation was submitted by your Water Engineer, and afterwards adopted by your Council. The necessary tank, pumps, etc., have now been installed, and it is hoped that this valuable supply of water may soon be again available.

Results of Analysis expressed in parts per 100,000.

DOEBANK WELL, SPON END.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1914.										
Jan. 2	0·001	0·003	2·15	0·38	0·013	50	12·8	17·2	30·0	Pretty clear, many small and few large particles
April 3	0·001	0·004	2·2	0·33	0·010	51	11·6	16·2	27·8	Bright, few large, many small particles
July 10	0·002	0·002	2·2	0·44	0·010	47	13·4	14·4	27·8	Bright and clear
Oct. 7	0·0005	0·0038	2·2	0·44	0·022	47	15·1	14·8	29·9	Bright and clear, few small particles

Results of Analysis expressed in parts per 100,000.

TANK, SPON END.

1914.										
Jan. 2	trace	0·003	1·95	0·44	0·015	47	12·7	15·6	28·3	Pretty clear, many small and few large particles
April 3	trace	0·004	2·0	0·37	0·029	44	14·2	15·8	30·0	Bright, few large, many small particles
July 10	0·001	0·002	2·1	0·44	0·019	46	12·5	13·4	25·9	Bright and clear
Oct. 7	0·0017	0·004	2·1	0·49	0·024	46	18·2	12·8	31·0	Pretty clear, no small particles

SHUSTOKE.

Date of Receipt of Sample.	Description.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
								Temporary.	Permanent.	Total.	
1914.	Filter										
Jan. 5	No. 3	trace	0·006	2·55	trace	0·061	29	6·3	8·7	15·0	Bright, few small particles
do.	No. 4	0	0·007	2·55	trace	0·058	28	6·3	8.7	15·0	,, ,,
Feb. 3	No. 3	0	0·005	2·65	trace	0·044	28	6·0	9·6	15·6	Bright, many small particles
do.	No. 4	0	0·006	2·65	trace	0·057	28	6·3	9·3	15·6	,, ,,
do.	No. 7	0	0·006	2·70	trace	0·055	28	6·6	9·3	15·9	,, ,,
Mar. 4	No. 1	0	0·008	2·8	trace	0·051	28	6·9	9·5	16·4	Bright, few small particles
do.	No. 2	0	0·009	2·8	trace	0·057	28	6·6	9·5	16·1	,, ,,
do.	No 7	0	0·009	2·8	trace	0·057	28	6·9	9·5	16·4	,, ,,
April 1	No. 1	0	0·006	2·9	0	0·49	32	6·8	9·8	16·6	,, ,,
do.	No. 2	0	0·007	2·9	0	0·49	32	6·8	9·8	16·6	,, ,,
do.	No. 3	0	0·007	2·9	0	0·51	32	6·6	9·8	16·4	,, ,,
May 6	No. 3	0	0·007	2·90	0·0	0·052	29	7·5	9·8	16·7	,, ,,
do.	No. 4	0	0·007	2·90	0·0	0·052	29	7·5	9·2	16·7	,, ,,
June 8	No. 3	trace	0·007	2·95	0·11	0·045	29	7·8	9·2	17·0	Bright and clear
do.	No. 4	trace	0·007	2·90	0·10	0·045	29	7·7	9·2	16·9	,, ,,
July 1	No. 7	0	0·009	3·1	trace	0·048	28	6·2	8·0	14·2	Bright, many small particles
Aug 10	No. 1	trace	0·0075	3·0	trace	0·036	25·5	6·3	7·6	13·9	Filtration satisfactory
do.	No. 2	trace	0·008	3·0	trace	0·038	26	6·3	7·6	13·9	,, ,,
Sept. 3	No 1	trace	0·008	3·15	trace	0·036	25	5·0	8·0	13·0	,, ,,
do.	No. 2	trace	0·006	3·1	trace	0·035	25	5·0	8·0	13·0	,, ,,
Oct. 6	No. 3	0·0006	0·0074	3·1	0	0·048	23	3·5	9·2	12·7	Bright and clear
do.	No 4	0·0006	0·007	3·1	trace	0·042	22·5	3·5	9·2	12·7	,, ,,
Nov. 3	No. 3	0	0·008	3·0	trace	0·047	25	2	11·1	13·1	Bright, few small particles
do.	No. 4	0	0·008	3·05	trace	0·044	25.5	2·8	10·5	13·3	,, ,,
Dec. 2	No. 1	trace	0·0108	3·2	slight trace	0·067	24	4·7	9·5	14·2	,, ,,
do.	No. 2	trace	0·010	3·15	,,	0·066	27	5·4	9·0	14·4	,, ,,

Private Water Supplies.

Very few houses now remain within the city deriving their water supply purely from private wells. No occasion has arisen during the year for taking any action in regard to these.

Refuse Removal.

Your City Engineer has kindly informed me that the following amount of house refuse has been removed during the year :—

	Cubic yards.		Cart loads.
Ashpit refuse removed ...	225	=	112
Ashbin ,, ,, ...	63,042	=	31,521

In 1913 the amount was as follows :—

Ashpit refuse removed ...	295	=	148
Ashbin ,, ,, ...	60,270	=	30,135

This is carted to the Refuse Destructor and there dealt with. Various particulars relating to refuse collection and destruction appeared in the Report for 1913.

Sewage Disposal.

The sewage of the City is dealt with by broad irrigation on a sewage farm at Baginton, some two and a half miles outside the City. To reach the farm it has to be pumped at the pumping station at Whitley. One bacterial filter bed has been in use for some years, and has given satisfaction. Owing to the increase in the size of the City, a large extension of the principle of filter beds has been decided upon, and during the year 1914 twelve other beds have been in course of construction.

Health Visitors.

The summary of the work of the Health Visitors under the headings of their different duties is as follows :—

(1) Visits in regard to births; these have been spoken of under the heading of Infantile Mortality, page 32.

(2) Visits relating to home work are referred to on page 110.

During the year, 172 visits have been paid to workshops where females are employed. The premises have been found to be on the whole kept in a satisfactory condition, and the rooms suitable for the purpose required. There were only two instances where cleansing was deemed necessary.

(3) Visits in connection with infectious disease. Visits to the number of 1,348 have been made with regard to infectious diseases; the greater proportion of them being in connection with Tuberculosis. No less than 1,319 have been paid during the year to phthisical patients.

Of the remaining 29 visits, 5 have been paid to cases of Poliomyelitis, which had been notified the previous year; 11 to cases of Puerperal Fever, 10 to cases of Ophthalmia Neonatorum, 2 visits were paid to cases of Measles, and 1 visit was made to a case of Cerebro-spinal Meningitis.

There have been 307 fresh cases of pulmonary tuberculosis notified during the year. The visits to Phthisical patients have increased in number: over 500 cases were visited during the past twelve months. These visits consisted of those made to patients who had been recently notified, others to patients who have returned from Sanatoria, and quarterly visits to those whose names have been on the list in the previous year.

(4) Work in connection with the Midwives Act is referred to on pages 43, 44, and 45.

(5) Other miscellaneous work. During the year 328 miscellaneous visits have been made. These include the inspection of the Public Lavatories for women, visits in respect of neglected homes, dirty premises, dilapidations, alleged nuisances, overcrowded houses and any other special information required by the Medical Officer of Health. Throughout the year 215 nuisances and 147 dirty houses were reported, most of which have been satisfactorily dealt with.

The Health Visitors have made 60 visits with regard to information to be obtained for the Medical Officer of Health concerning children who had left the Special School for the Mentally Defective.

Classification of visits paid by Health Visitors:—

Notified Births visited	2,128
,, ,, re-visited	1,417
,, Infants' deaths enquired into ...	10
,, Infectious Diseases	29
,, Pulmonary Tuberculosis	1,319
,, Outworkers	110
Workshops	172
Mentally Deficient Cases enquired into ...	60
Midwives	146
Miscellaneous	328
"Hints on Feeding"—845 posted	
	5,719

Nuisances reported	215
Dirty Houses found	147

References to other Departments.

These included 76 references to the City Engineer, 63 to the Waterworks Engineer, and 1,654 to the Head Teachers of Schools.

The character of the references to the City Engineer is set out in the following table :—

Unauthorised erections	—
Dangerous buildings and chimneys	8
Dangerous condition of roads and pavement	2
Foul gullies in Courts	7
Complaints relating to sewers	29
Pollution of water courses	5
Foul street gullies	7
Dangerous downspouting	1
Refuse removal	13
Public Urinals	4

The references to the Waterworks Engineer dealt with such matters as waste of water from taps and cisterns.

References to the Head Teachers of Schools related to children who had suffered from infectious disease, or who lived in houses where infectious disease was present.

The Inspection of the District, and the Sanitary Staff.

That portion of the work of the Health Department connected with nuisances in and around dwellings can best be set out in tabular form. The figures in relation to these matters for the year are as follows :—

DRAINAGE AND PAVEMENT.	1913.	1914.
Drains opened and cleansed from obstruction ...	629	449
Drains provided with efficient traps	222	147
New drains, inspection and intercepting chambers provided	107	110
Drains relaid ...	159	83
Sink drains disconnected from sewer	5	1

DRAINAGE AND PAVEMENT—*continued.*	1913.	1914.
Drains tested	222	247
Soil pipes and ventilating shafts provided or improved	24	12
Courts and back yards paved and repaired	302	228
DWELLINGS.		
Floors of dwellings relaid or repaired ...	231	188
Dilapidated walls and ceilings repaired ...	161	190
Damp walls—damp courses inserted ...	23	22
Roofs repaired and made weatherproof ...	105	109
Dangerous stairs repaired	27	39
Additional windows provided and others made to open	77	158
Defective spouts repaired	106	85
Pantry ventilation improved	55	53
New sinks provided	63	87
New waste pipes provided and others repaired	63	101
Foul cellars cleansed and defects in drains remedied	8	25
Houses limewashed and cleansed ..	534	485
Houses limewashed after infectious disease	241	300
Cases of overcrowding dealt with ...	22	17
WATER CLOSETS AND URINALS.		
Additional water closets provided ...	46	37
Water closets reconstructed	30	9
Water closets repaired and limewashed ...	314	195
Water closets provided with new basins and traps	208	162
Defective joints in flush pipes repaired ...	96	39
Foul W.C. basins and traps cleansed ...	498	310
Defective W.C. cisterns repaired ...	181	124
New flushing cisterns provided ...	103	78
Urinals cleansed and reconstructed ...	19	25
Urinals abolished	4	2
PRIVIES, ASHPITS, AND DUSTBINS.		
Offensive privies and pail closets converted into W.C.'s	8	2

PRIVIES, ASHPITS, & DUSTBINS—*continued.*	1913.	1914.
Offensive privies and pail closets abolished	6	8
New W.C.'s erected in place of above ...	6	8
Offensive ashpits abolished	20	30
Sanitary dustbins provided in place of above	68	45
Other houses provided with sanitary dustbins	1014	649
VARIOUS.		
Smoke nuisances dealt with	26	51
Nuisances from animals kept, abated ...	54	48
Offensive accumulations removed ...	94	114
Courts and back yards cleansed by tenants	32	25
Gipsy tents and caravans removed ...	6	13
Water supply—additional taps provided...	17	14
Miscellaneous...	369	377
Totals	6,605	5,501

So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table :—

	1913.	1914.
Number of visits to premises ...	30,819	28,895
Number of statutory notices issued...	81	158
Cleansing notices, statutory ...	315	376
Number of informal notices issued ...	3,124	3,004
Number of letters issued	2,754	3,082
Number of summonses issued for non-compliance with notice to abate nuisance	1	—
Number of nuisances remaining unabated	19	23
Number of registered premises under supervision (not including workshops)	423	478
Number of visits paid to registered premises	4,041	3,675

In the preceding tables the figures for the previous year are inserted for comparison.

Summary of Inspectors' Work

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	Total for 10 years.
No. of drains opened and cleansed from obstruction ...	278	299	266	711	336	411	335	713	629	449	4,427
,, drains provided with efficient traps	373	306	244	376	286	249	188	219	222	147	2,610
,, new drains provided to premises	398	370	410	532	771	312	282	310	266	193	3,844
,, sink drains disconnected from the sewer	16	10	5	11	24	16	2	1	5	1	91
,, new sinks provided and others repaired	69	31	14	82	62	110	104	107	126	188	893
,, floors and walls of houses repaired	193	270	239	647	442	579	483	542	392	378	4,165
,, roofs of houses repaired and made weatherproof...	86	118	85	183	73	75	53	102	105	109	989
,, defective spouts repaired	123	131	79	185	103	86	68	157	106	85	1,123
,, houses limewashed and cleansed	345	509	329	500	361	605	345	460	534	485	4,473
,, houses cleansed after infectious disease	152	118	143	149	282	395	757	450	241	300	2,987
,, offensive privies or pail closets converted into water closets	223	183	43	69	37	20	19	23	8	2	627
,, offensive privies and pail closets abolished ...			119	44	30	34	22	22	6	8	285
,, new water closets erected in place of above ...			109	56	30	33	22	22	6	8	286
,, additional new water closets provided	76	68	44	46	74	45	44	35	46	37	515
,, water closets provided with new cisterns... ...	40	29	54	177	98	62	103	114	103	78	858
,, ,, ,, ,, ,, new basins and traps	150	128	114	277	272	288	304	302	208	162	2,205
,, foul water closet drains cleansed	433	519	263	257	343	262	321	667	498	310	3,873
,, defective W.C. cisterns, etc., repaired	195	167	141	292	191	193	150	398	277	163	2,167
,, offensive ashpits abolished...	159	106	106	74	39	23	23	54	20	30	634
,, sanitary dustbins provided in place of the above	330	208	292	106	173	45	26	143	68	45	1,436
,, ,, ,, ,, to other premises ...	123	180	388	619	388	715	749	1733	1014	649	6,558
,, urinals cleansed, repaired and reconstructed ...	34	25	29	70	22	28	17	50	23	27	325
,, courts and backyards paved and repaired ...	183	145	85	178	121	167	174	405	302	228	1,988
,, nuisances from animals kept, abated	113	115	59	68	76	51	52	38	54	48	674
,, accumulations of manure, etc., removed	63	116	126	141	104	95	59	114	94	114	1026
,, smoke nuisances dealt with	26	42	96	46	50	53	25	15	26	51	430
,, cases of overcrowding dealt with	23	44	18	50	35	25	31	35	22	17	300
,, vent and soil pipes removed or replaced, and miscellaneous sanitary improvements effected	1528	1,839	1,269	2,073	1,039	1,648	1,128	1,222	1,204	1189	14,139
	5,732	6,076	5,169	8,019	5,862	6,625	5,886	8,453	6,605	5,501	63,928

Summary of other Miscellaneous Work

FOR THE PAST TEN YEARS.

	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
No. of visits and re-visits to premises	17,729	21,856	20,527	23,982	20,223	24,742	27,951	32,171	30,819	28,895
,, notices issued for abatement of nuisances ...	1,354	1,367	1,651	2,180	2,040	1,841	1,769	3,416	3,520	3,162
,, letters ,, ...	1,118	1,279	1,831	1,643	1,958	1,967	1,495	2,488	2,754	3,082
,, summonses issued for non-compliance with notices served to abate nuisances	5	0	1	8	6	9	1	2	1	—
,, nuisances remaining unabated after expiration of notice	29	23	12	0	15	35	28	26	19	23
,, registered premises under supervision	333	329	333	377	410	442	412	442	423	478
,, visits paid to registered premises...	2,305	2,311	2,546	3,211	3,095	2,997	2,402	4,469	4,041	3,675
,, references to City Engineer	397	233	335	219	233	216	44	56	116	76
,, references to Water Engineer	165	119	143	110	107	84	81	62	52	63
,, references to Education Department	365	532	399	313	981	1,574	0	0	631	—
,, drains tested	432	524	396	807	436	362	204	195	222	247

A circular letter received from the Local Government Board, dated December 18th, 1914, regarding the Annual Reports of Medical Officers of Health, expressed the Board's desire that brief statements should be made in such reports :—

(1) As to changes in staff or emergency arrangements made in consequence of the war, and

(2) As to the action taken by the Medical Officer of Health to co-operate with the military authorities when troops have been quartered in the district.

In regard to the first matter no changes had been necessary in regard to the Health Department proper up to the end of the year.

In regard to the second matter, some divergence of policy at Headquarters appears to have occurred. In 1908 a Special Sanitary Service was inaugurated in the Royal Army Medical Corps, Territorial Force, called the "B" or *à la suite* Sanitary Service. It was provided that this service should be available "in time of invasion or national emergency" to perform in, or in the vicinity of, their civil sphere, the duties required of Specialist Sanitary Officers. Some 120 officers were appointed to this Service, mostly acting Medical Officers of Health. I was offered, and I accepted, a commission as a Captain in this Service, little thinking that such a Service would ever be required, but thereby I expressed my willingness to assist in any way I usefully could in my own neighbourhood on the occurrence of such emergency. With a few single exceptions this Service has not been called up.

To replace it various circular letters from the Local Government Board have suggested to Medical Officers of Health that they should, in a civil capacity, offer their services to the Commanding Officers of troops in their district.

On October 2nd I was asked by the Commanding Officer of the Barracks to visit and report concerning the sanitary condition of those premises, in view of the fact that a considerable number of troops would be immediately occupying them. I visited on several occasions with Inspector Clarke, and reported in writing, as to the immediate requirements for a temporary occupation by troops, and I verbally offered my continued services so far as the sanitary condition of the Barracks was concerned, but was informed that this matter would be looked after by the Surgeon in charge.

It is probably not generally known that the provisions of the Public Health Act, 1875, do not apply to premises in the occupation of the Navy or the Army, and that, except by invitation, public health officials have no right of entry as such on these premises. For some reason, not quite clearly understandable, these premises are also excluded from the provisions of the Infectious Disease (Notification) Act, 1889.

No case of infectious disease among the troops in the City arose during the year.

Certain questions have since arisen in regard to the billeting of soldiers, but they arose subsequent to the year 1914.

No change has taken place in the inspectorial staff.

I regret that two cases of illness among the clerical staff interfered considerably with their work, and temporary assistance had to be obtained. The compilation of the statistical portion of this report has been mostly undertaken by Mr. Storer, and I have been considerably indebted to his energy in carrying this through.

I am appending to this Report a record of the magisterial proceedings which have been called for during the year, an extended schedule of the ages at, and causes of, death, a return of the samples taken under the Food and Drugs Act, the Annual Report of the School Medical Officer, a special report upon hospital accommodation for Diphtheria isolation, and a report of the delegates to the Blackpool Congress of the Royal Sanitary Institute.

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

E. H. SNELL,
Medical Officer of Health.

Public Health Department,
Coventry.
May 17th, 1915.

MAGISTERIAL PROCEEDINGS, 1914.

No. of Case.	Complaint.	Result.	Total Costs.
			£ s. d.
1	Contravention of Bye-laws with respect to Houses let in lodgings, viz.:—Failing to supply particulars for Registration	Adjourned for one week, defendant agreeing to supply particulars. Withdrawn on payment of costs, defendant having supplied necessary information since previous hearing ...	5 0

EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1914

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
1	Enteric Fever	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	2
2	Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3	(*a*) Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Mediterranean Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4	Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Small-pox—	..	..	..	..	..	..	..	..	..	..	...	..	..	..	..	..
	(*a*) Vaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Not Vaccinated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Doubtful	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6	Measles	5	9	10	1	..	..	..	..	..	..	..	..	..	..	..	25
7	Scarlet Fever	..	..	2	3	..	..	..	1	..	..	..	..	..	..	..	6
8	Whooping Cough	7	4	4	..	..	..	..	..	..	..	..	..	..	..	..	15
9	(*a*) Diphtheria	..	..	4	7	..	1	..	..	..	..	..	..	..	..	..	12
	(*b*) Membranous Laryngitis ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*c*) Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Influenza	..	..	1	..	..	..	..	1	..	1	3	1	3	..	..	10
11	Miliary Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12	Asiatic Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13	Cholera Nostras	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16	Yellow Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17	Leprosy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Erysipelas	2	..	..	..	..	..	1	1	..	..	1	..	..	..	..	5
19	(*a*) Mumps	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) German Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Varicella	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20	(*a*) Pyaemia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Septicaemia	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
	(*c*) Vaccinia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21	Glanders	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22	Anthrax, Splenic Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
23	Rabies	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24	Tetanus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25	(*a*) Actinomycosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Mycoses..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
26	Pellagra	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS ..	14	13	22	12	..	1	1	4	1	1	4	1	3	..	..	77

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 3	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
27	Beri-Beri	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
28	(*a*) Pulmonary Tuberculosis ..	..	..	1	..	2	3	13	29	24	29	7	3	1	..	..	112
	(*b*) Phthisis (not defined as Tuberculous)	..	..	..	..	..	4	5	5	9	7	6	..	1	..	..	37
29	(*a*) Acute Phthisis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Acute Miliary Tuberculosis ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
30	Tuberculous Meningitis	2	3	5	..	3	3	..	1	1	..	..	..	..	..	..	18
31	(*a*) Tabes Mesenterica	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Peritoneal and Intestinal Tubercle	2	..	1	..	..	..	..	..	1	..	..	..	..	..	..	4
32	Tuberculosis of Spinal Column ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	2
33	Tuberculosis of Joints	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
34	(*a*) Lupus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Scrofula	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Other Tuberculosis	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
35	Disseminated Tuberculosis ..	2	..	..	..	..	1	..	1	..	1	..	..	..	..	..	5
36	(*a*) Rickets	4	3	..	..	..	..	..	..	..	..	..	..	..	..	..	7
	(*b*) Other forms of Bone Softening	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
37	Syphilis	7	..	..	..	..	..	..	..	1	1	..	..	..	..	..	9
38	(*a*) Soft Chancre	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Gonococcus Infection	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
	(*c*) Purulent Ophthalmia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
39	Cancer of the Buccal Cavity ..	..	..	1	..	..	..	..	..	..	1	1	..	..	1	..	4
40	Cancer of the Stomach, Liver, etc.	..	..	..	..	..	..	..	..	2	5	..	6	5	6	..	24
41	Cancer of the Peritoneum, Intestines and Rectum	..	..	..	..	..	..	..	1	2	2	2	1	9	3	..	20
42	Cancer of the Female Genital Organs	..	..	..	..	..	..	..	..	5	8	2	..	2	1	..	18
43	Cancer of the Breast	..	..	..	..	..	..	..	..	2	1	2	..	3	..	..	8
44	Cancer of the Skin	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	2
45	Cancer of other or unspecified Organs	1	..	..	1	..	..	..	..	1	1	1	..	1	..	..	6
46	(*a*) Angioma	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Adenoma	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Other Tumours	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
47	Rheumatic Fever	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	2
48	(*a*) Chronic Rheumatism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
	(*b*) Osteo-Arthritis	..	..	..	..	..	..	..	..	1	1	1	..	..	1	..	4
	(*c*) Gout	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	2
49	Scurvy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS ..	18	6	10	1	5	11	18	38	51	58	21	11	21	12	2	289

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
50	Diabetes	..	..	..	..	..	..	1	..	1	2	..	..	1	..	..	5
51	Exophthalmic Goitre	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
52	Addison's Disease	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	2
53	(*a*) Leucocythaemia (Leuchaemia)	..	1	..	..	..	..	1	..	1	..	1	..	..	..	..	4
	(*b*) Lymphadenoma	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
54	Anæmia, Chlorosis	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	3
55	(*a*) Diabetes Insipidus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Purpura	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
	(*c*) Hæmophilia	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2
	(*d*) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
56	Alcoholism, Acute or Chronic ..	..	..	..	..	..	..	..	..	1	1	..	..	1	..	..	3
57	(*a*) Occupational Lead Poisoning	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Non occupational Lead Poisoning	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
58	Other Chronic Occupational Poisonings	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
59	Other Chronic Poisonings ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
60	Encephalitis	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	2
61	(*a*) Cerebro-Spinal Fever.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Posterior Basal Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Meningitis, other forms ..	..	1	3	1	2	..	1	..	..	1	..	..	..	..	..	9
62	Locomotor Ataxy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
63	Other diseases of the spinal cord	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*a*) Diseases formerly classed to "Other Nervous Affections"	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	2
	(*b*) Other Diseases..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	3
64	(*a*) Apoplexy	..	..	..	..	..	..	..	..	..	5	3	7	11	4	1	31
	(*b*) Serous Apoplexy and Oedema of Brain	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Cerebral Congestion	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
	(*d*) Cerebral Atheroma	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*e*) Cerebral Hæmorrhage ..	..	..	1	..	..	..	..	2	1	6	6	4	9	7	1	37
65	Softening of the Brain	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
66	(*a*) Hemiplegia	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	2
	(*b*) Paraplegia	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
	(*c*) Other forms of Paralysis ..	..	..	..	..	..	..	..	..	..	..	1	..	2	1	..	4
67	General Paralysis of the Insane..	..	..	..	..	..	..	..	2	6	2	1	..	..	..	..	11
68	Other forms of Mental Alienation	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
	TOTALS ..	1	2	4	1	2	2	4	7	10	22	16	12	27	13	2	125

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards	
69	Epilepsy	..	..	..	1	..	..	..	2	..	1	..	..	1	1	..	6
70	(*a*) Epileptiform Convulsions	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
	(*b*) Other Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
71	(*a*) Convulsions from Teething	5	3	..	..	..	..	..	..	..	..	..	..	..	..	..	8
	(*b*) Other Infantile Convulsions	13	3	..	..	..	..	..	..	..	..	..	..	..	..	..	16
72	Chorea	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
73	(*a*) Hysteria, Neuralgia, Sciatica	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Neuritis	..	..	..	..	..	..	..	..	1	..	..	1	1	..	..	3
74	(*a*) Idiocy, Imbecility	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Cretinism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Cerebral Tumour	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	3
	(*d*) Other Diseases	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
75	Diseases of the Eyes and Annexa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
76	(*a*) Mastoid Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Diseases of the Ears	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
77	Pericarditis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
78	(*a*) Acute Myocarditis	..	..	..	..	..	..	..	..	1	..	..	..	1	1	..	3
	(*b*) Infective Endocarditis	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
	(*c*) Other Acute Endocarditis	..	..	..	..	1	..	..	..	1	..	..	..	1	..	..	3
79	(*a*) Valvular Disease	..	..	..	..	..	3	1	3	5	4	9	10	7	5	..	47
	(*b*) Fatty Degeneration of the Heart	..	..	..	..	..	..	..	..	2	1	..	3	..	..	..	6
	(*c*) Other Organic Diseases of the Heart	..	..	..	1	..	..	..	1	10	10	4	8	16	4	1	55
80	Angina Pectoris	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2
81	(*a*) Aneurism	..	..	..	..	..	..	..	..	..	2	..	..	..	1	..	3
	(*b*) Arterial Sclerosis	..	..	..	..	..	..	..	..	..	1	..	2	..	2	1	6
	(*c*) Other Diseases of Arteries	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
82	(*a*) Cerebral Embolism and Thrombosis	..	..	..	..	..	1	..	2	1	2	..	..	1	1	..	8
	(*b*) Other Embolism and Thrombosis	..	..	..	..	..	..	..	..	..	2	..	1	..	..	..	3
83	(*a*) Phlebitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Varix	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Pylephlebitis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
	(*d*) Variococele	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
84	(*a*) Status Lymphaticus	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
	(*b*) Other Diseases of the Lymphatic System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS	18	6	..	4	2	5	1	9	21	24	14	26	30	15	2	177

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
85	Hæmorrhage, other Diseases of the Circulatory System ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Functional Diseases of the Heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Epistaxis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(c) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
86	Diseases of Nasal Fossæ	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
87	(a) Laryngismus Stridulus ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(b) Laryngitis	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
	(c) Other Diseases of the Larynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
88	Diseases of the Thyroid Body ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
89	Acute Bronchitis	11	8	1	1	1	..	..	1	..	1	..	2	10	5	1	42
90	Chronic Bronchitis	..	..	..	..	..	..	..	..	..	7	5	5	25	15	3	60
91	Broncho-Pneumonia	16	8	5	..	..	..	..	..	1	..	..	..	3	1	..	34
92	(a) Lobar Pneumonia	1	1	1	..	..	..	2	..	2	2	..	1	..	1	..	11
	(b) Pneumonia, type not stated..	7	5	4	..	..	..	..	4	5	6	8	2	5	1	1	48
93	(a) Empyema	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	(b) Other Pleurisy	..	..	..	1	..	..	..	..	1	..	..	..	..	1	..	3
94	(a) Pulmonary Apoplexy and Infarction	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Pulmonary Oedema and Congestion	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
	(c) Hypostatic Pneumonia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Collapse of Lung (3 months and over)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
95	Gangrene of Lung	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
96	Asthma	..	..	..	..	..	..	..	1	..	1	..	1	1	..	..	4
97	Pulmonary Emphysema	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
98	(a) Fibroid Disease of Lung ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
	(b) Other Diseasos of the Respiratory System	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
99	(a) Diseases of the Teeth and Gums	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Thrush, Aphthous Stomatitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Parotitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
100	(a) Tonsilitis	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	2
	(b) Ludwig's Angina	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Other Diseases of the Pharynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
101	Diseases of Œsophagus	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	2
	TOTALS ..	36	23	12	3	1	..	3	6	9	21	13	11	45	25	5	213

No.	Cause of Death.	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	Total.
		Ages.															
102	Ulcer of Stomach	..	..	..	..	..	..	1	1	2	3	..	1	..	..	..	8
103	(a) Inflammation of Stomach ..	2	..	1	1	..	..	..	..	2	..	..	1	..	..	..	7
	(b) Other Diseases of Stomach ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
104 & 105	(a) Infective Enteritis	12	2	3	..	..	..	..	..	..	..	..	..	..	..	..	17
	(b) Diarrhœa, not returned as Infective..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
	(c) Enteritis, not returned as Infective	2	..	..	..	..	..	..	..	..	..	..	1	1	..	..	4
	(d) Gastro-Enteritis, not returned as Infective	13	..	2	..	..	..	..	..	1	..	..	1	..	3	..	20
	(e) Dyspepsia, under 2 years ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(f) Colic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(g) Ulceration of Intestines ..	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	3
	(h) Duodenal Ulcer	..	..	..	..	..	..	..	..	1	2	..	..	1	..	..	4
106	Ankylostomiasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
107	Other Intestinal Parasites ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
108	Appendicitis	..	..	..	..	..	2	2	1	1	..	..	..	1	1	..	8
109	(a) Hernia	..	..	..	..	..	..	..	..	1	2	..	1	1	..	..	5
	(b) Intestinal Obstruction ..	1	..	..	1	..	..	..	..	1	1	1	..	1	2	..	8
110	Other Diseases of the Intestines	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2
111	Acute Yellow Atrophy of Liver ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
112	Hydatid of Liver	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
113	(a) Cirrhosis of the Liver, not returned as Alcoholic ..	..	..	..	..	..	..	..	..	2	7	1	1	3	1	..	15
	(b) Cirrhosis of the Liver, returned as alcoholic	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	3
	(c) Diseases formerly classed to "Other Diseases of Liver and Gall Bladder"	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	2
114	Biliary Calculi	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
115	Other Diseases of the Liver ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
116	(a) Infarction of Spleen	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Other Diseases of the Spleen	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
117	Peritonitis, cause unstated ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
118	(a) Abdominal Abscess, Subphrenic Abscess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
119	Acute Nephritis	..	..	..	..	1	..	..	1	1	3	..	..	..	..	..	6
	Totals ..	38	2	6	2	1	2	3	5	13	23	4	7	10	7	..	123

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
120	(*a*) Bright's Disease as in 1901 list	..	..	..	..	..	1	..	..	2	8	4	3	1	1	..	20
	(*b*) Nephritis (unqualified) 10 years and over and Uræmia	..	..	..	1	..	..	..	..	1	4	1	..	2	..	..	9
121	Chyluria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
122	(*a*) Abscess of Kidney	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Cystic Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Suppression of Urine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Other Diseases	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
123	Calculi of the Urinary Passages..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
124	Diseases of the Bladder	..	..	..	..	..	..	..	..	1	..	..	2	2	1	..	6
125	(*a*) Perineal Abscess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Diseases of Urethra, etc.	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2
126	Diseases of Prostate	..	..	..	..	..	..	..	..	..	..	..	1	..	3	..	4
127	Non-Venereal Diseases of Male Genital Organs	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
128	(*a*) Menorrhagia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Uterine Hæmorrhage...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
129	Uterine Tumour, non-cancerous	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
130	(*a*) Disorders of Menstruation, except Menorrhagia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
131	Ovarian Cyst Tumour, non-cancerous	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
132	(*a*) Diseases of Ovary, excluding Ovarian Tumour	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Other Diseases..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
133	Non-Puerperal Diseases Diseases of the Breast, non-cancerous	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
134	(*a*) Abortion..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	2
	(*b*) Hæmorrhage of Pregnancy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Uncontrollable Vomiting ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Ectopic Gestation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*e*) Other Accidents of Pregnancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
135	Puerperal Hæmorrhage	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
136	Other Accidents of Childbirth ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
137	Puerperal Fever	..	..	..	..	..	..	1	4	1	..	..	..	..	..	..	6
138	(*a*) Puerperal Nephritis and Uræmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Puerperal Albuminuria and Bright's Disease ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Puerperal Convulsions ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
	TOTALS ..	..	..	..	1	..	1	4	7	6	12	5	6	8	5	..	55

No.	Cause of Death.	Ages.															Total
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards	
139	(*a*) Puerperal Phlegmasia alba dolens and phlebitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Puerperal Embolism and sudden death	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
140	Puerperal Insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
141	Puerperal Diseases of the Breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
142	(*a*) Senile Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2
	(*b*) Noma, Gangrene of Mouth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Noma Pudendi	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Other Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
143	Carbuncle, Boil	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
144	(*a*) Phlegmon	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Acute Abscess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
145	(*a*) Ulcer, Bedsore	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
	(*b*) Eczema	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2
	(*c*) Pemphigus	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
	(*d*) Other Diseases of the Integumentary System ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
146	Diseases of the Bones	..	..	..	..	...	1	..	..	..	..	..	..	..	..	..	1
147	Diseases of the Joints	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
148	Amputations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
149	Other Diseases of Locomoter System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150	(*a*) Congenital Hydrocephalus ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*b*) Phimosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*c*) Congenital Malformation of Heart	5	..	1	..	..	..	..	..	..	..	..	..	..	..	..	6
	(*d*) Other Congenital Malformations	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	2
151	(*a*) Premature Birth	77	..	..	..	..	..	..	..	..	..	..	..	..	..	..	77
	(*b*) Infantile Atrophy, Debility, and Marasmus	36	..	1	..	..	..	..	..	..	..	..	..	..	..	..	37
	(*c*) Icterus Neonatorum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Sclerema and Œdema Neonatorum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*e*) Want of Breast Milk ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
152	Other Diseases peculiar to early infancy -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*a*) Diseases of Umbilicus, &c. ..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
	(*b*) Atelectasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS ..	124	..	2	..	..	1	..	1	1	1	..	..	1	2	..	133

No.	Cause of Death.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
	(*c*) Injuries at Birth	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
	(*d*) Cyanosis Neonatorum ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
153	Lack of Care (under 3 months) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
154	(*a*) Senile Dementia	..	..	..	..	..	..	..	..	..	..	1	3	4	8	2	18
	(*b*) Senile Decay	..	..	..	..	..	..	..	..	..	..	..	..	17	48	22	87
155	Suicide by Poison	..	..	..	..	..	..	..	1	..	1	..	..	1	..	..	3
156	Suicide by Asphyxia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
157	Suicide by Hanging or Strangulation	..	..	..	..	..	..	..	..	2	1	..	1	..	..	..	4
158	Suicide by Drowning	..	..	..	..	..	..	1	..	1	1	1	..	..	..	..	4
159	Suicide by Firearms	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
160	Suicide by Cutting or Piercing Instruments	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
161	Suicide by Jumping from High Place	..	..	..	..	..	..	..	2	2	1	..	..	..	..	..	5
162	Suicide by Crushing .. .	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
163	Other Suicides	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
164	Poisoning by Food	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
165	Other Acute Poisonings	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
166	Conflagration	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
167	Burns (conflagration excepted) ..	..	1	2	2	..	..	..	..	..	..	..	1	..	..	..	6
168	Absorption of deleterious Gases (conflagration excepted) ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
168A	Overlaying	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
169	Accidental Drowning .. .	..	1	..	1	1	..	..	..	..	..	..	..	..	..	..	3
170	Injury by Firearms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
171	Injury by Cutting or Piercing Instruments	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
172	Injury by Fall	..	..	..	1	1	..	..	..	3	1	3	3	1	1	1	15
173	Injury in Mines and Quarries ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
174	Injury by Machines	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	2
175	Injury by other Crushing (vehicles railways, landslides, &c. ..	..	..	..	2	..	..	1	1	1	..	..	..	1	..	..	6
176	Injury by Animals	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
177	Starvation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
178	Excessive Cold	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
179	Effects of Heat	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
180	Lightning	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
181	Electricity (lightning excepted) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
182	Homicide by Firearms	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	4
	TOTALS ..	8	2	2	6	2	..	3	10	10	5	5	9	25	57	25	169

No.	Cause of Death.	Ages. 0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	Total.
183	Homicide by Cutting or Piercing Instruments	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
184	Homicide by other means ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
185	Fractures (cause not specified) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
186	Other Violence	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
187	Dropsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
188	(*a*) Syncope (aged 1 year and under 70)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*b*) Sudden death not otherwise defined	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	2
189	Ill-defined causes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	(*a*) Heart Failure (aged 1 year and under 70)	..	..	..	..	..	..	..	..	..	..	2	1	1	..	..	4
	(*b*) Atrophy, Debility, Marasmus (aged 1 year and under 70)	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(*c*) Teething..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*d*) Pyrexia	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
	(*e*) Other ill-defined deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(*f*) Cause not specified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
190	Uncertified	14	1	1	1	..	..	..	..	2	..	2	4	2	..	1	28
		14	3	1	1	..	..	1	..	2	1	4	5	5	..	1	38
	Totals, Sheet No. 9 ..	8	2	2	6	2	..	3	10	10	5	5	9	25	57	25	169
	Totals, Sheet No. 8 ..	124	..	2	..	..	1	..	1	1	1	..	..	1	2	..	133
	Totals, Sheet No. 7 ..	..	..	..	1	..	1	4	7	6	12	5	6	8	5	..	55
	Totals, Sheet No. 6 ..	38	2	6	2	1	2	3	5	13	23	4	7	10	7	..	123
	Totals, Sheet No. 5 ..	36	23	12	3	1	..	3	6	9	21	13	11	45	25	5	213
	Totals, Sheet No. 4 ..	18	6	..	4	2	5	1	9	21	24	14	26	30	15	2	177
	Totals. Sheet No. 3 ..	1	2	4	1	2	2	4	7	10	22	16	12	27	13	2	125
	Totals, Sheet No. 2 ..	18	6	10	1	5	11	18	38	51	58	24	11	24	12	2	289
	Totals, Sheet No. 1 ..	14	13	22	12	..	1	1	4	1	1	4	1	3	..	..	77
	Grand Totals ..	271	57	59	31	13	23	38	87	124	168	89	88	178	136	37	1399

Sale of Food and Drugs Act, 1875.

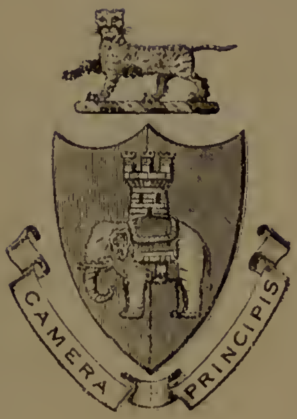
Summary of the Reports of the Public Analyst for the City of Coventry upon the articles analysed by him under the above Act for the year ending 31st December, 1914.

Article submitted for Analysis.		State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
FIRST QUARTER.				
	Samples			
Milk	32	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All Genuine.	
Butter	20	,,	,,	
Cheese	1	,,	Adulterated—Deficient of at least 20 % of fat	Informal sample obtained from itinerant cheesemonger who has not re-visited the market.
SECOND QUARTER.				
	Samples			
Milk	65	,,	All Genuine.	
Butter	6	,,	,,	
Deposit from Tea	1	,,	,,	
THIRD QUARTER.				
	Samples			
Milk	29	,,	All Genuine.	
,,	1	,,	Adulterated, deficient 17 % of fat	Cautioned by order of the Sanitary Committee. Subsequent sample proved to be genuine and of good quality.

Sale of Food and Drugs Act, 1875—*continued.*

Articles submitted for Analysis.		State whether the sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
THIRD QUARTER—*continued.*				
	Samples			
Milk	1	Mr. W. H. Clarke Food & Drugs Inspector to the City of Coventry.	Adulterated, deficient 10 % of fat	Cautioned by order of the Sanitary Committee. Subsequent sample proved to be genuine and of good quality.
,,	1	,,	Adulterated, deficient 16 % of fat	,,
,,	1	,,	Adulterated, deficient 10 % of fat	,,
,,	1	,,	Adulterated, deficient 10 % of fat	,,
,,	1	,,	Adulterated, deficient 15 % of fat	,,
Butter	16	,,	All Genuine.	
FOURTH QUARTER.				
	Samples			
Milk	48	,,	All Genuine.	
Condensed Milk	2	,,	,,	
Cream	1	,,	Adulterated, 0·2 % Boric acid	Vendor to be kept under observation.
Preserved Cream	1	,,	Genuine.	
Butter	10	,,	All Genuine.	
Lard	4	,,	,,	
Arrowroot	1	,,	,,	
Linseed Meal	3	,,	,,	
Camphorated Oil	2	,,	,,	

CITY OF COVENTRY.



Annual Report

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1914.

K

EDUCATION COMMITTEE.

Mr. Councillor W. Jones, J.P., *Chairman.*
Mr. Councillor J. I. Bates, B.Sc., *Vice-Chairman.*

The Mayor (Councillor Pridmore, J.P.)
Alderman Batchelor.
,, Fowler, M.D., J.P.
,, Lee, J.P.
,, Soden, M.R.C.S., J.P.
Councillor Allchurch.
,, Barnacle.
,, Cleland.
,, Gorton, J.P.
,, Halliwell.
,, Halpin, J.P.
Councillor Lee.
,, Pugh, J.P.
,, Wale, J.P.
,, Wyles.
Mrs. S. Cash.
Miss M. Scampton.
Professor Karl Wichmann, M.A., Ph.D.
Mr. J. Bill, J.P.
,, T. Burbidge, J.P.
,, F. Hodson, Ph.D., B.Sc.
,, J. W. Lee.
,, J. Lupton, M.A.

FIXED MEETINGS.

On Wednesdays, at 3 p.m., at St. Mary's Hall.

Dec. 16, 1914.
Jan. 20, 1915.
Feb. 17, ,,
Mar. 24, ,,
April 21, 1915.
May 19, ,,
June 23, ,,
July 21, 1915.
Sept. 22, ,,
Oct. 20, ,,

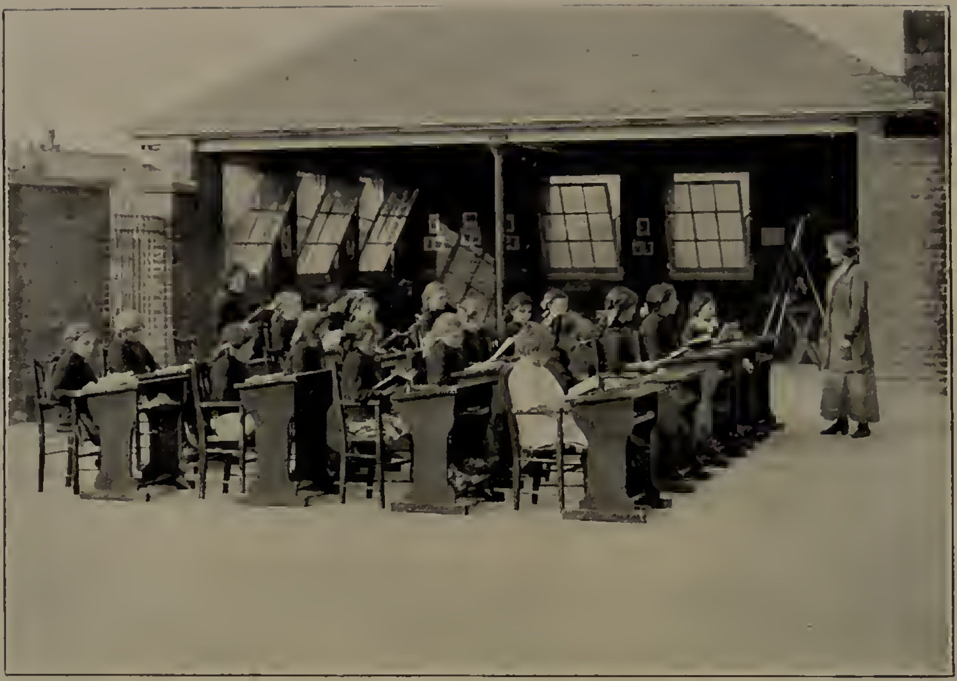
MEDICAL DEPARTMENT.

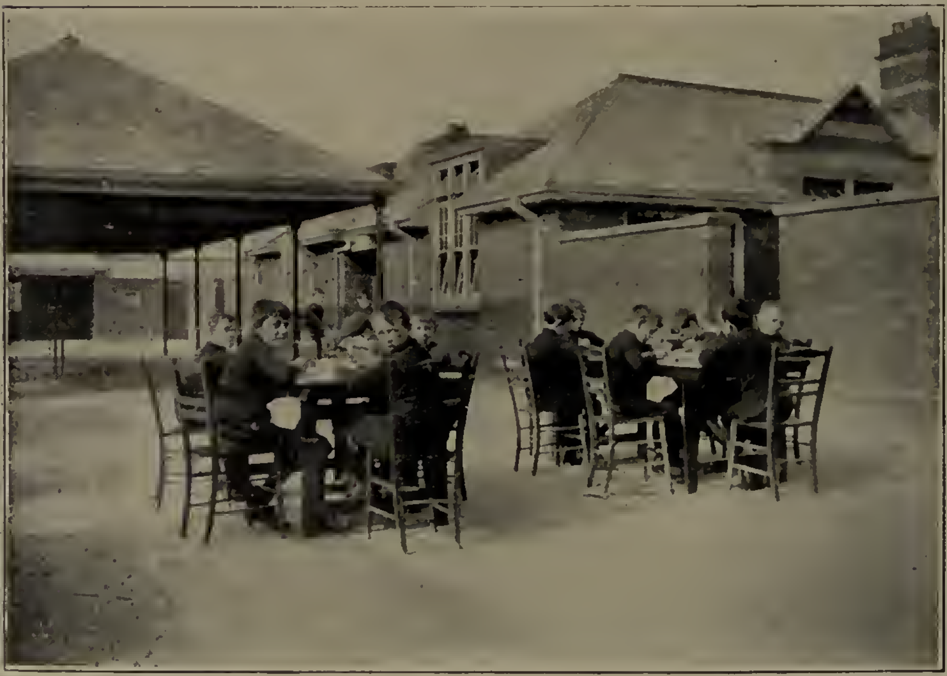
School Medical Officer	E. H. Snell, M.D., D.P.H.
Assistant Medical Officer	A. H. Newton, M.B., Ch.B.
School Oculist	T. Harrison Butler, M.A., M.D.
X-Ray Specialist	T. E. C. Cole, M.A., M.D., M.R.C P.
School Dentist	Claude Taylor, L.D.S.
School Nurses	Miss Ida M. Ralph. §† ,, Amy M. Markham. †‡ ,, Gladys I. White. ‡
Clerk	T. F. Marsden.
Junior Clerk	H. Waters.

§ Certificate of Central Midwives Board, and is a Certificated Nurse.

† Health Visitor's Certificate of Royal Sanitary Institute.

‡ Certificated Nurse (City Isolation Hospital).





Centaur Road Roof School.

CITY OF COVENTRY.

Tenth Annual Report

OF THE

SCHOOL MEDICAL OFFICER.

To the Right Worshipful the Mayor, Aldermen, and Councillors of the City of Coventry.

Mr. Mayor and Gentlemen,

I have the honour of presenting the tenth Annual Report concerning the schools and school children under your superintendence in this City, a system of medical inspection having been inaugurated by your Council in 1905.

The Memorandum issued by the Board of Education in November, 1907, on the Education (Administrative Provisions) Act contained the following Regulations concerning the Annual Report which was to be compiled as a result of the work under the Act:—

> "(*d*) Every School Medical Officer should make an Annual Report to the Local Education Authority on the schools and children under his superintendence, which should be printed for facility of reference and in order that a supply of copies may be available for distribution among the members of the Authority and other persons interested. The Authority should send two copies of the report to the Board of Education as soon as possible after the end of the year under review.
>
> (*e*) In order to secure effective bases for comparison of the work done in different parts of the country, one uniform year must be taken, the year to be adopted being in all cases the calendar year, in order to correspond with the annual period fixed for the closely related report of the Medical Officer of Health.

(*f*) The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in Elementary Schools of the district.

(*g*) It should also contain statistical records of the number of children examined, and of those re-examined or under medical supervision; the nature and results of the examination; the number of visits paid to classes; the number and character of the diseased conditions found at certain age periods; particulars as to blind, deaf, defective and epileptic children; the medical advice given both as to the prevention of conditions inimical to health, and the remedy of diseased conditions that may be discovered, action taken, and so forth.

(*h*) In addition to such records it will be well, as far as practicable, to make systematic comparisons of the individual and collective measurements and characteristics of the children in each school with standard and local records, both as a means of determining the condition of health of particular children or classes, for guidance in future action, and as part of the anthropometric survey to which this Act should contribute in due time. This part of the work, however, must be kept in a secondary position while so much remains to be done in the elementary essentials of school hygiene. It is to those essentials, and the manner and degree in which they have been dealt with in his district, that each school medical officer should devote the major portion of his report."

The work of medical inspection has been carried on satisfactorily during the year. The actual work done and its results—so far as these can be set out in a report—are dealt with in the following pages.

The late Assistant School Medical Officer, Dr. Tucker, left in February, and was succeeded by Dr. A. H. Newton in March. To Dr. Newton I am indebted for collating most of the material forming the basis of this report. Various special reports on matters which have been receiving attention at his hands are also included. I think that particular attention should be directed to the observations that he makes on the physical, and even mental, progress made by those children who received their education during the summer months in the experimental open-air school, which was carried on on the flat portion of the roof of the Centaur Road School. These results are so striking, that it would appear that they must lead to the consideration of the feasibility of starting an open-air school on a more permanent and satisfactory scale. They also point to the desirability (already well known, but not put into practice) of carrying on all schools on "open-air" lines so far as their facilities allow.

It is satisfactory to note that the treatment of ringworm and stammering has been so successful that the special classes that have been held for children suffering from these two ailments have had to be discontinued from lack of numbers.

A vacancy occurred in the position of School Dentist, when Mr. Cotterill left to take up a Government appointment in December, 1913. There was some delay in the filling of this vacancy, and Mr. Claude Taylor took up the work in June. Owing to this delay the work that has been accomplished was considerably less than in the previous year. Attention may be drawn to the remarks of Mr. Taylor as to the impossibility of one whole-time dentist doing all the work that should be done. This is obvious, and has been recognised from the beginning. The appointment of one dentist in the first instance was of a tenative character, to ascertain the extent to which parents would take advantage of the facilities offered. Experience shows that about two-thirds of the children examined require treatment, but that less than one-half of these apply for treatment. Doubtless this matter will receive the careful attention of the Clinic Sub-Committee. Now that about one-half of the expenses incurred in the inspection and treatment of school children may be obtained in the form of grant, less money is being spent in this direction by your Education Committee than was originally contemplated.

(*a*) THE SANITARY CONDITION OF THE SCHOOLS.

Coventry now has 26 Elementary Schools, no schools having been closed and no new ones built during the year.

The nominal total accommodation of the Elementary Schools is now for 18,145 scholars.

There are 15 Council Schools and 11 Non-Provided Schools; two of the latter will shortly pass into disuse.

The enlargement of the Little Heath School is now under consideration. Of sanitary defects noticed during the tour of the schools, the insufficient accommodation, bad lighting and ventilation of certain of the cloak rooms stand out prominently.

Again, turning to the class rooms, a few of these in the older schools are not well ventilated, and the atmosphere is at times oppressive. In certain cases more use might be made of the means of ventilation provided—one too often finds closed windows in a crowded class room. Several instances, especially in cloak rooms, have been noticed where windows were closed because the cords which open them had been broken.

At two of the newer schools—Cheylesmore and Centaur Road—a Medical Officer's room has been included. Broad Street School and Earlsdon School have no such convenience. It is to be hoped that the Education Authority will see their way to include a room of this description in their extension scheme for Little Heath. The presence of such a room avoids the disturbing of school work in times of medical inspection, and is an important asset. In an outlying school like Little Heath it would have an additional value. It would probably be possible to use such a room as a branch Clinic, where the Assistant School Medical Officer and a Nurse could attend on certain days.

(*b*) ARRANGEMENTS FOR MEDICAL INSPECTION.

Method of Inspection.

Practically the same method was adopted as in previous years.

The number of children examined at one session of two to two and a half hours varied from 15 to 30. Eighteen to 25 per session is a very fair morning or afternoon's work. It might be mentioned here that the routine inspection is exceedingly monotonous and very trying, and is apt to become mechanical if the numbers examined per session are not strictly limited.

Only two cases of objection to medical examination by a parent occurred during 1914.

Many children were again referred for further examination, either at the school or School Clinic, at a later date. The attendance, however, for these re-examinations is curiously disappointing. Many of the parents who do keep the appointment seem to think an unnecessary fuss is being made about the children.

Centres for Medical Inspection.

The children from the following schools were examined at the School Clinic, King Street, namely, Holy Trinity, St. Mark's, St. Mary's, and Kingfield. The children from St. Michael's were examined at Cheylesmore.

Co-operation of Teachers.

Dr. Newton reports that the majority of the teachers take a very great interest in the work of medical inspection, and practically all have been ready and willing to do everything in their power to make the work of the Medical Department easy. Teachers now make a good deal of use of the Clinic at King Street by sending up children on questions of infection, fitness for school, or reference to the Care Committee.

(*c*) EXTENT AND SCOPE OF MEDICAL INSPECTION.

(1) The table on page 148 shows the number of visits paid by the Assistant School Medical Officer and the School Nurses to the various schools and departments during the year. Again an organised attempt has been made to examine the children absent at the time of the different systematic examinations. One or more special visits were made to the schools concerned for this purpose. The result has been that a very small percentage of "Leavers" avoided medical inspection. The infants form a somewhat larger percentage, but it is proposed to include those missed during the year in this year's routine inspection.

(2) The children for systematic examination were selected on the following plan:—

(*a*) "Leavers," *i.e.*, those born during 1900 and 1901, children from 13 to 14, and a certain number from 12 to 13.

(*b*) "Enterers," *i.e.*, those born during the years 1908 and 1909, children from 5 to 6, and some from 6 to 7.

(*c*) All the children at the Special Mentally Defective School.

(*d*) "Special cases." At the end of the systematic examination in each school there is always a number of special cases brought forward by the Head Teacher—these may be anything from two or three to thirty in number. Hitherto no record of these cases has been kept. In future, however, records of these will be kept.

The results of the systematic medical inspection for 1914 are shown in the tables on pages 152, 153, 154 and 155.

In addition to the above, the Secondary School for Girls was again included in the systematic examination as far as "enterers" were concerned, 54 children being examined.

The procedure known as "Class to Class" examination was carried out in each Elementary School, after the routine inspection was completed. By this means every child in attendance on the day is inspected for obvious defect. This work was carried out by one of the Nurses, either alone or in conjunction with the Assistant School Medical Officer.

As before, children have been referred to the School Clinic by the Secretary of the Education Committee, the Attendance Department, and the teachers; these are mostly in regard to fitness to attend school.

(3) (*a*) The total number of children systematically examined was 3,622.

(*b*) The total number of children examined at the School Clinic was 1,691.

Below is a table showing the age and sex distribution of the children systematically examined.

AGE AND SEX DISTRIBUTION

	Boys.	Girls.	Totals.
Born in 1910	3	1	4
,, 1909	637	674	1311
,, 1908	241	244	485
,, 1907	5	3	8
,, 1906	2	3	5
,, 1905	4	5	9
,, 1904	3	5	8
,, 1903	13	8	21
,, 1902	392	402	794
,, 1901	537	499	1036
,, 1900	16	10	26
,, 1899	2	—	2
	1855	1854	3709

The following table shows a classification of the causes for the examination of children, teachers, etc., at the Clinic during the year.

Reason for Examination.	Total seen.
Infectious Diseases	41
Chorea and Rheumatism	32
Ringworm	80
Nose and Throat...	53
Mental deficients	36
Chest	302
Eyes	33
Epilepsy	11
Heart	48
Scabies	50
Skin	70
Tubercular Peritonitis	3
Verminous Heads	121
Children for Scholarships	71
Student Teachers	9
Miscellaneous	531
	1691

(4) Cases referred for further examination at the School Clinic. These consist principally of :—

(*a*) Delicate, neglected, and phthisical children.

(*b*) Cases of contagious disease, ringworm, etc.

(*c*) Mentally defective or backward children. A more detailed list of these will be found on page 155.

(5) Classification of defects notified.

(*a*) Defects found on systematic examination.

(*b*) Defects found at class to class inspection.

CLASS TO CLASS EXAMINATION.

Summary of defects found.

Head verminous	1000
Head exclusions	55
Body dirty or verminous	5
Clothing and footgear neglected	19
Teeth defective	605
Enlarged Tonsils, mouth breathing, etc.	537
External Eye disease	44
Defective vision and squint	135
Ear disease	72
Ringworm	12
Miscellaneous	35
	2519

The following table shows the visits paid to the schools by the Assistant School Medical Officer and the Nurses :—

Schools.	Assistant Medical Officer.	School Nurses.
Barr's Hill	6	6
Broad Street Boys	7	14
,, Girls	6	27
Centaur Road Boys	11	16
,, Girls	13	26
,, Infants	14	29
Cheylesmore Boys	11	79
,, Girls	5	18
,, Infants	8	23
Earlsdon Senior	11	17
,, Infants	8	17
Edgewick Senior	9	15
,, Infants	11	17
Frederick Bird Boys	11	8
,, Girls	6	15
,, Infants	12	20
John Gulson Boys	6	12
,, Girls	11	29
,, Infants	12	32
Little Heath	8	17
Paradise	9	21
Radford	8	34
Red Lane Boys	5	13
,, Girls	11	31
,, Infants	10	24
South Street Boys	5	6
,, Girls	3	17
,, Infants	11	19
Spon Street Boys	11	13
,, Girls	9	26
,, Infants	6	23
Stoke Council Boys	8	10
,, Girls	8	13
,, Infants	14	18
Wheatley Street Boys	7	15
,, Girls	13	32
,, Infants	7	20
All Saints' Senior	5	15
,, Infants	3	16
Holy Trinity Boys	5	5
,, Girls	4	28
,, Infants	3	18
Kingfield	4	4
St. John's	9	29
St. Mark's Senior	3	17
,, Infants	4	15
St. Mary's Senior	1	18
,, Infants	1	17
St. Michael's Boys	6	4
,, Girls	2	13
,, Infants	5	14
St. Osburg's Senior	2	21
,, Infants	5	17
St. Peter's Boys	5	7
,, Junior	8	18
Stoke Church of England	5	9
Thomas Street	7	14
Ringworm Class	2	79
Stammering Class	7	—
Wheatley Street Special	27	20
Centaur Road Open-air Class	30	36
	484	1206

The attendance of parents shows a marked increase over the attendance in 1913, when the average attendance was 26.4, and 58 the highest percentage reached. As one would naturally expect, the attendance of parents of infants is much higher than that of parents of leavers.

The percentage of parents who attended for enterers was 43.71; for leavers, 17.25; for all children, 30.48.

This increased attendance can be taken as a measure of the increased interest taken by parents in the work of medical inspection. The presence of the parent at the examination is a real help and of considerable value; it may increase the time taken over each child, but on the other hand it enables one to get straightway to the weak spot and therefore to spend time in the most useful way. One has the opportunity too of giving advice, particularly with regard to food and clothing, amount of rest required, etc., which many parents undoubtedly appreciate.

(*d*) FACTS DISCLOSED BY MEDICAL INSPECTION.

In accordance with the request of the Board of Education, these facts have been arranged in a rather different manner from that used hitherto. The following tables are in uniformity with those being used all over the country this year.

HEIGHTS.

Age last birthday.	BOYS.			GIRLS.		
	No measured.	Average height.		No. measured.	Average height.	
Years.		Inches.	Centimetres.		Inches.	Centimetres.
4	3	42	106·68	1	37	93·98
5	637	$41\frac{4}{5}$	106·17	674	$41\frac{1}{5}$	104·65
6	241	$42\frac{4}{5}$	1' 8·71	244	$42\frac{3}{5}$	108·20
7	5	45	114·30	3	42	106·68
8	2	$48\frac{1}{2}$	123·19	3	46	116·84
9	4	$49\frac{1}{4}$	125·10	5	$47\frac{1}{5}$	119·89
10	3	$49\frac{1}{5}$	124·97	5	48	121·92
11	13	$52\frac{2}{5}$	133·10	8	$51\frac{1}{5}$	130·05
12	392	$55\frac{1}{10}$	139·95	402	56	142·24
13	537	$56\frac{3}{10}$	143·00	499	$57\frac{1}{5}$	145·29
14	16	$56\frac{4}{5}$	144·27	10	$56\frac{1}{10}$	142·49
15	2	58	147·32	—	—	—
	1855			1854		

WEIGHTS.

Age last birthday.	BOYS.				GIRLS.			
	No. weighed.	Average weight.			No. weighed.	Average weight.		
Years.		Lbs	Ozs.	Kilograms.		Lbs.	Ozs.	Kilograms.
4	3	43	10	19·78	1	30	0	13·61
5	637	39	8	17·92	674	38	5	17·39
6	241	41	4	18·70	244	40	5	18·29
7	5	44	3	20·04	3	38	3	17·33
8	2	48	12	22·11	3	45	11	20·72
9	4	50	11	22·99	5	52	9	23·85
10	3	57	13	26·22	5	53	0	24·04
11	13	60	4	27·33	8	61	8	27·90
12	392	73	2	33·18	402	75	5	34·17
13	537	76	7	34·68	499	81	8	36·96
14	16	81	1	36·76	10	78	5	35·52
15	2	83	4	37·75	—	—		—
	1855				1854			

No deductions can be drawn except in the cases of the ages 5, 6, 12 and 13, where a large number of children were measured. The value of these tables can be estimated better by examination of the following tables, which show a comparison of the heights and weights for the last three years.

AVERAGE HEIGHTS.

Age last birthday.	1912.		1913.		1914.		Average for 3 years.		* Average for British Isles.	
Years.	Inches.	Centi-metres.	Inches.	Centi-metres.	Inches.	Centi-metres.	Inches.	Centi-metres.	Inches	Centi-metres.
	BOYS.									
5	41·25	104·78	41·40	105·16	41·80	106·17	41·48	105·37	41·00	104·14
6	42·91	109·01	43·00	109·22	42·80	108·71	42·90	108·98	44·00	111·76
12	54·83	139·27	55·00	139·70	55·10	139·95	54·97	139·64	55·00	139 70
13	56·25	142·88	56·30	143·00	56·30	143·00	56·28	142·96	57·00	144·78
	GIRLS.									
5	41·00	104·14	41·00	104·14	41·20	104·65	41·06	104 31	40·50	102·87
6	43·41	110·28	42·30	107·44	42·60	108·20	42·77	108·64	42·80	108·71
12	56·00	142·24	55·80	141·73	56·00	142 24	55·93	142·07	55 60	141·22
13	59·16	150·28	57·30	145·54	57·20	145·29	57·88	147·03	57·70	146 56

AVERAGE WEIGHTS.

Age last birthday.	1912.		1913.		1914.		Average for 3 years.		* Average for British Isles.	
Years.	Lbs. Ozs	Kilo-grams.	Lbs. Ozs.	Kilo-grams.	Lbs. Ozs.	Kilo-grams.	Lbs. Ozs.	Kilo-grams.	Lbs. Ozs.	Kilo-grams.
	BOYS.									
5	38 12	17·58	39 2	17·74	39 8	17·92	39 2	17·74	39 14	18·08
6	41 9	18·85	41 11	18·86	41 4	18·70	41 6	18·80	44 6	20·12
12	72 9	32·92	72 10	32·94	73 2	33·18	72 12	33·01	76 11	34·79
13	76 9	34·73	77 14	35·30	76 7	34·68	76 15	34 90	82 9	37·55
	GIRLS.									
5	37 12	17·13	38 4	17·33	38 5	17·39	38 2	17·28	39 3	17·76
6	40 5	18·29	39 15	18·10	40 5	18·29	40 3	18·23	41 11	18 86
12	74 4	33·67	74 8	33·80	75 5	34·17	74 11	33·88	76 6	34·61
13	79 15	35·81	81 1	36·74	81 8	36·96	80 13	36·50	87 3	39·55

* These heights and weights are taken from the tables issued by the Anthropometric Committee of the British Association.

Return showing the Physical Condition of Children Inspected.

CONDITION.		Entrants.				Leavers.				Total.				Special Cases.			
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.
TOTAL INSPECTED.		862	904	1766		945	911	1856		1807	1815	3622		38	24	62	
Clothing	Satisfactory	857	895	1752	99·20	945	906	1851	99·73	1802	1801	3603	99·46	38	23	61	98·38
	Unsatisfactory	5	9	14	0·80		5	5	0·26	5	14	19	0·17		1	1	1·61
Footgear	Satisfactory	847	892	1739	98·50	910	905	1815	97·79	1757	1797	3554	98·14	38	23	61	98·38
	Unsatisfactory	15	12	27	1·50	35	6	41	2·20	50	18	68	1·85		1	1	1·61
Cleanliness of Head	Clean (*i.e.*, no nits or pediculi)	846	713	1559	88·27	937	662	1599	86·15	1783	1375	3158	87·20				
	Nits only	15	169	184	10·42	6	226	232	12·50	21	395	416	11·48	1		1	1 61
	Pediculi	1	22	23	1·27	2	23	25	1·36	3	45	48	1·31				
Cleanliness of Body	Clean	840	862	1702	96·37	914	873	1787	96·28	1754	1735	3489	96·32	33	18	51	82·25
	Dirty	20	32	52	2·90	20	33	53	2·86	40	65	105	2·88	5	3	8	12·87
	Pediculi present	2	10	12	0·67	11	5	16	0·86	13	15	28	0·76		3	3	4·83
Nutrition	Excellent	96	86	182	10·30	105	99	204	10·99	201	185	386	10·65	2		2	3·22
	Normal	710	778	1489	84·26	772	730	1502	80·92	1482	1508	2991	82·58	30	19	49	79·00
	Below normal	56	40	96	5·43	68	82	150	8·08	124	122	246	6·79		4	4	6·45
	Bad						1	1							1	1	1 61
Nose and Throat	No defect	652	705	1357	76·80	812	774	1586	86·53	1464	1479	2943	81·66	25	16	41	66·10
	Mouth breathers	65	51	116	6·57	38	28	66	3·55	103	79	182	5·06	8	2	10	16·10
	Tonsils slightly enlarged	123	119	242	13·70	78	89	167	9·00	201	208	409	11·35	4	5	9	14·50
	Tonsils much enlarged	20	26	46	2·60	17	20	37	1·99	37	46	83	2·29	1	1	2	3·22
	Adenoids, slight																
	Adenoids, marked	2	3	5	0·28					2	3	5	0·28				

CONDITION.		Entrants.				Leavers.				Total.				Special Cases.			
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent
External Eye Disease	No disease	844	870	1714	97·05	928	897	1825	98·38	1772	1767	3539	97·71	37	24	61	98·38
	Blepharitis	14	18	32	1·81	8	9	17	0·91	22	27	49	1·36				
	Conjunctivitis	1	12	13	0·73		2	2	0·10	1	14	15	0·41	1		1	1·61
	Corneal opacities	1	1	2	0·11	4	1	5	0·26	5	2	7	0 18				
	Other disease	2	3	5	0·28	5	2	7	0·37	7	5	12	0·32				
Ear Disease	No disease	818	863	1681	95·18	905	876	1781	96·00	1723	1739	3462	95·59	34	24	58	93·54
	Obstruction, R.	21	21	42	2·37	25	25	50	2·69	46	46	92	2·53	1		1	1·61
	Obstruction L.	3	2	5	0·28	5		5	0·26	8	2	10	0·27	1		1	1·61
	Otorrhœa, R.	16	14	30	1·69	8	8	16	0·86	24	22	46	1·27	1		1	1·61
	Otorrhœa, L.	4	4	8	0·45	2	2	4	0·21	6	6	12	0·33	1		1	1·61
	Other disease																
Teeth	Sound	149	282	431	24·40	237	269	506	27·26	386	551	937	25·83	7	7	14	22·50
	Less than four decayed	392	424	816	46·20	490	480	970	52·26	882	904	1786	49 23	21	9	30	48·50
	Four or more decayed	221	198	419	23·14	218	162	380	20·47	439	360	799	21·80	10	8	18	29·00
	Sepsis	102	68	170	9·67	52	67	119	6·42	154	135	289	8·04				
Heart and Circulation	No disease	801	820	1621	91·78	866	816	1682	90·62	1667	1636	3303	91·20	32	20	52	83·87
	Organic disease	7	4	11	0·62	11	15	26	1·40	18	19	37	1·01				
	Functional disease	43	65	108	6·11	45	58	103	5·54	88	123	211	5·82	4	3	7	11·29
	Anæmia	11	15	26	1·47	23	22	45	2·42	34	37	71	1·94	2	1	3	4·83
	Other defect																
Lungs	No disease	781	828	1609	91·10	893	816	1709	92·07	1674	1644	3318	91·58	39	24	63	
	Chronic bronchitis and bronchial catarrh	63	64	127	7·19	46	25	71	3·82	109	89	198	5·50	1		1	1·61
	Tuberculosis	8	4	12	0·67	2	7	9	0·48	10	11	21	0·57				
	Tuberculosis suspected	10	8	18	1·00	2	13	15	0·80	12	21	33	0·90				
	Other disease					2	2	4	0·21	2	2	4	0·21				

CONDITION.		Entrants.				Leavers.				Total.				Special Cases.			
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.
Nervous System	No disease	859	902	1761	99·71	944	909	1853	99·83	1803	1811	3614	99·77				
	Epilepsy (major or minor)	1	1	2	0·11	1	2	3	0·16	2	3	5	0·13				
	Chorea	2	1	3	0·16					2	1	3	0·16				
	Other disease																
Skin	No disease	847	878	1725	97·67	930	900	1830	98·59	1777	1778	3555	98·13				
	Ringworm, body	3		3	0·16					3		3	0·16				
	Ringworm, head	4	2	6	0·33		1	1		4	3	7	0·19				
	Impetigo	4	14	18	1·00	6	3	9	0·48	10	17	27	0·74				
	Scabies		2	2	0·11		1	1			3	3	0·08				
	Other disease	4	8	12	0·67	9	6	15	0·80	13	14	27	0·37				
Rickets	No disease	859	892	1751	99·15	919	900	1819	98·00	1778	1792	3570	91·56	39		39	62·90
	Slight	3	11	14	0·79	26	11	37	1·99	29	22	51	1·39	1		1	1·61
	Marked		1	1							1	1					
Deformities	No deformity	825	892	1717	97·22	927	891	1818	97·95	1752	1783	3535	97·53				
	Deformity present	37	12	49	2·77	18	20	38	2·04	55	32	87	2·40				
Tuberculosis, non-pulmonary	No disease	861	904	1765	99·94	942	910	1852	99·78	1803	1814	3617	99·86				
	Glandular	1		1		1	1	2	0·10	2	1	3	0·05				
	Bones and Joints					1		1		1	1						
	Other forms					1		1		1	1						
Speech	Not defective	857	899	1756	99·43	933	909	1842	99·24	1790	1808	3598	99·33	33	20	53	85·48
	Defective articulation	5	5	10	0·56	12	2	14	0·75	17	7	24	0·65	5	4	9	14·51
	Stammering																

CONDITION.		Entrants.				Leavers.				Total.				Special Cases.			
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.
Mental Condition	Normal	858	899	1757	99·43	933	901	1834	98·81	1791	1800	3591	99·12	21	10	31	50·00
	Dull or backward	3	4	7	0·39	2	3	5	0·26	5	7	12	0·32		1	1	1·61
	Mentally defective (all grades)	1	1	2	0·11	10	7	17	0·91	11	8	19	0·51	17	13	30	48·38
Vision	6/6 each eye (normal vision)					634	547	1181	51·11								
	6/6 R.					55	64	119	5·14								
	6/6 L.					52	72	124	5·35								
	6/9 R.					75	119	194	9·37								
	6/9 L.					75	108	183	7·90								
	6/12 R.					46	46	92	3·97								
	6/12 L.					42	49	91	3·93								
	6/18 R.					41	45	86	3·71								
	6/18 L.					43	35	78	3·37								
	6/24 R.					15	11	26	1·12								
	6/24 L.					16	14	30	1·29								
	6/36 R.					13	15	28	1·20								
	6/36 L.					11	10	21	0·90								
	6/60 R.					8	10	18	0·77								
	6/60 L.					10	11	21	0·90								
	6/0 R.					6	5	11	0·47								
	6/0 L.					4	5	9	0·38								
Squint		17	31	48	2·71	12	9	21	1·13	29	40	69	1·92	2		2	3·22
Hearing (whisper)	20 feet each ear (normal hearing)																
	20 feet R.																
	20 feet L.																
	10 feet R.																
	10 feet L.																
	5 feet R.																
	5 feet L.																

(1) *Clothing and Footgear.*

The most common defect found among the children examined was over-clothing, especially among the girls. Clothing should be light and loose, and no more than is sufficient to keep the body comfortably warm. Delicate children are frequently found wearing a burden of clothes obviously too great for their frail strength; frequently clothing is so stiff as to impede free movement, while in some cases the child's body is in a constant state of perspiration owing to the quantity of clothing worn. Yet it is very difficult to persuade parents that it is possible to over-clothe children.

One boy was discovered, on a warm spring day, wearing two woollen jerseys, a thick waistcoat, a shirt, woollen combinations, and two woollen vests!

The opposite condition of insufficient clothing was not frequently met with; ragged and neglected clothing also did not seem to be common among the school children. Cases of insufficient or neglected clothing are visited at home by a nurse.

Neglected footgear did not seem to be very prevalent among the school children. Needy cases exist, of course, and are looked after and supplied by the local boot fund.

Neglected footgear, though more common than it should be in a city like Coventry, did not form a marked feature. The local boot fund has again done good work in supplying boots to necessitous children. Much credit is due to the unobtrusive work done by members of the Committee of the Boot Fund.

(2) *Cleanliness.*

The figure for verminous heads in 1914 (12½ per cent.) shows a very good decrease on the percentage (36 per cent.) of 1913, and since in the last report it was stated that 1913 was an improvement on 1912, cleanliness among Coventry school children is apparently increasing. That too much must not be made of these figures the report on page 177 will show.

(3) *Nutrition.*

This is an exceedingly difficult condition in which to make comparisons, and is probably almost entirely dependent on the personal equation. It probably varies, too, according to the standard set by the school which is being examined. Formerly nutrition was denoted by the figures 1, 2, 3; this year the children have been divided into four classes: 1 equals excellent; 2 equals normal; 3 equals below normal; and 4 equals bad.

Naturally the great majority fall into class 2, but class 3 shows a higher percentage than one likes to see. Only two cases have been considered sufficiently poorly nourished to be classed under the heading "Bad." This is the class which would frequently miss the systematic examination.

(4) *Nose and Throat.*

Nasal Catarrh amongst infants continues as before, in many cases aggravated by lack of handkerchiefs. So much was this the case that it has become the practice of the Nurse attending the medical inspection to carry a supply of clean rags for distribution to the needy.

There is still need for a more complete and thorough organisation of the handkerchief drill in some schools.

Tonsils.

The question of enlargement of tonsils and operation is a debatable one, when the tonsils, though large, are not causing marked symptoms or ill-health. Naturally, if accompanied with any degree of mouth-breathing or deafness, an operation is usually advisable, but in a fair number of cases of moderate enlargement, without evidence of the presence of adenoids, one is rather inclined to advise expectant treatment. Against this may be placed the fact that an enlarged tonsil is a potential source of danger. However, one recalls a number of cases in which the tonsils, large at one visit, have dwindled to nothing in the course of a few months.

Carious teeth, one would imagine, have some definite relation to enlargement of the tonsils.

Mouth Breathing.

It will be noticed that the percentage of infants suffering from this condition is double that of the senior boys and girls. This is probably due to the very prevalent Nasal Catarrh found in these young children as a result of not being taught how to cleanse the nose thoroughly.

As is well known, adenoid growths frequently accompany this condition. When one sees the tremendous advantage occurring after a successful operation on a mouth-breather, one would insist on the importance of operation at an early stage of this complaint. Many children who are styled backward or deficient would never have come under this classification had treatment been adopted at an early age. The number of children who have had such an operation before school age is probably increasing.

It might not be out of place here to urge the importance of after treatment (*i.e.*, breathing exercises, etc.) for cases in which the operation has been performed.

Among causes of Nasal Obstruction giving rise to mouth breathing were found seventeen cases of enlarged Turbinate Bones, twenty-five cases of Deflected Nasal Septum, and five cases of Nasal Polypus.

(5) *External Eye Disease.*

Corneal Opacities are sometimes the result of old ulceration of the cornea, sometimes due to constitutional disease. If near the centre of the cornea they may cause considerable defect in the vision.

Among "other diseases" the most interesting are ten cases of Nystagmus which were found, most of them being definitely hereditary. Nystagmus shows itself by a curious tremor of the eyeballs; in one case the boy's whole head partook of the trembling. It is usually transmitted through the females, but affects only the males. As far as could be made out from enquiries these cases followed this law. It does not necessarily affect the vision.

(6) *Ear Disease.*

Obstruction as a rule means simply wax, and one is surprised at the number of children partially deaf from this very easily remedied condition. In one case the obstruction was due to a Polypus, and in another to a foreign body.

Many cases of discharging ears are treated by systematic syringing at the Clinic, since one finds this treatment is carried out very inefficiently by the parents.

(7) *Teeth.*

It will be noticed that a large number of children have septic mouths, that is to say, those with teeth so decayed as to be discharging into the mouth. In all such cases the parents are advised to have treatment irrespective of the number of teeth affected. Otherwise only children suffering from six or more carious teeth are notified.

(8) *Heart Disease.*

A good deal of attention was paid in 1914 to the numerous cases of slight functional heart disease. This impairment shows itself either by irregularity in the rate or force of the heart beat or by an abnormal accentuation of the heart sounds, generally the second pulmonary. Its usual symptom seems to be poorness of the circulation, as evidenced by cold blue hands and chilblains. Usually these children show too a general lack of energy.

An association was noticed between functional heart trouble and flea-bitten bodies—probably due to the want of rest from which such children must suffer.

It is possible that want of rest is the chief cause of these heart disturbances; the majority of these children go to bed too late at night often having had no rest during the day. Probably the fact of living continually in the noise of a town has something to do with it. It would be interesting if a rest could be provided for the children at middle day to see the effect on these heart conditions. One hoped to see some such good result from the rest provided for the children at the roof class, but probably the period during which the school was in use was not long enough to have much effect in what in many cases must be a chronic condition.

(9) *Lung Disease.*

Fifty-five cases of definite or suspected Phthisis were discovered among the children systematically examined. All these were referred to their own medical man or seen again at the Clinic. Further particulars of these children will be found after the table of defective children.

Several cases of Chronic Bronchitis were discovered and mostly referred to the Care Committee.

(10) *Skin Disease.*

Among the "other diseases" were several cases of Psoriasis, Alopecia and Eczema.

(11) *Rickets.*

This does not represent active disease, but the resulting deformity such as pigeon chests, knock-knees, etc.

(12) *Deformities and Tubercular Joints, etc.*

See particulars of exceptional children.

(13) *Speech.*

Very few cases of stammerers were discovered during the year. See report on Stammering Class.

(14) *Mental Condition.*

It has been impossible hitherto to register the children who should be classified as "dull or backward." Such a register would entail a great deal of work, but it is hoped to begin this year with the aid of the Binet-Simon tests.

(15) *Vision.*

Only the senior children have their eyes systematically tested, it being impossible to be sure whether an infant cannot see the letters (Snellen's types) or does not know them. This year the vision is shown for each eye separately except in the case of those whose vision was 6/6 in each eye.

The explanation of the measure of sight given in the table is as follows:—

In testing, the child is placed at a distance of six metres (20 feet) from a card (Snellen's test card) containing lines of letters of definite geometrical proportions, based on the results of examining large numbers of normal sighted people. If the child reads the bottom line at this distance its sight is normal and is marked 6/6. If he can only read a line above, which a normal sighted person could read at nine metres distance, his vision is described as 6/9, and so on through 6/12, etc., to 6/60, the large letter at the top which should be read at a distance of 60 metres.

As before 6/12 or worse in one or both eyes is the standard for referring for treatment unless there is some symptom such as squint, headache, blepharitis, etc., present, in which case 6/9 would be sufficient to refer a case for thorough examination.

Vision which is below 6/36 is usually due either to corneal opacities or to an untreated squint.

In connection with defective vision the introduction to the examination of an intermediate age group will be of great use in obtaining treatment for such defects earlier in school life, as it is impossible in most cases to gauge accurately the amount of defect present in an infant by merely using Snellen's types, thus only the cases in the latter class with very definite symptoms get treated.

(16) *Hearing—whisper tests.*

This test has not been used as a routine, and it is doubtful whether it is worth while doing so. The method followed has been to speak quietly to every child during the examination, and if there is any sign of impairment of hearing to apply the whisper test. No record of the distance has, however, been kept.

(17) *Enlarged Glands.*

A very large number of children were found to be suffering from more or less enlargement of the glands in the cervical or submaxillary region—in fact, a child entirely free from such glands is a *rara avis.*

Excessive enlargement was not common, and was notified to the parent. Three cases were considered to be tubercular in origin. Many children showed the scars of operative interference in these regions, and, strangely enough, these children usually appeared healthy and well nourished.

(18) *Special Cases.*

About the end of the systematic examination in each department the Head Teacher usually brings forward a list of children to be examined for some special reason—this list varies from two or three up to sometimes thirty children. No record has, however, been kept of them up to the present, and the "special cases" referred to in the table are children at the Special School other than enterers and leavers.

(*e*) HOME CIRCUMSTANCES.

The homes of children with dirty or verminous heads and bodies are visited by the nurses. In the course of these and other visits to the homes the nurses come across sanitary defects of various kinds; these are specified on a card and sent through to the Health Department. A Sanitary Inspector then visits the house and reports to the Medical Officer of Health on the condition; it is then dealt with on its merits.

The following is a summary of the dwellings referred to the Sanitary Department during the year.

(*e*) HOME CIRCUMSTANCES.

ALLEGED.	Number Reported.	Disinfection Done.	Visit Paid and Notice Sent.	Verbal Instructions.	Dealt with under Housing and Town Planning Act.	Re-papered, &c.	Cleansed.	Unfit List.	Specification Sent.	Statutory Notice Sent.
Overcrowding	1	..	..	..	..		.	..	..	..
Walls, etc., dirty	20	..	14	..	..	..	..	4	2	..
Houses dirty	6	..	2	..	2	..	1	1	..	..
Walls damp	2	..	2	..	..	..	..	..	..	..
Drains defective	1	..	1	..	..	..	..	..	..	..
Bedding verminous ..	1	1	..	..	..	..	..	..	..	..
	31	1	19	..	2	..	1	5	2	..

REPORT ON FOLLOWING-UP WORK.

The whole of the following up of the defects found at the systematic inspection and notified to the parents is now done by the nurses. One nurse devotes the whole of her time, with the exception of three afternoons, to this work, while the other nurses help in their spare time.

About two months after the systematic examination a nurse visits the school and sees all children who had been found suffering from defects. Those who have had nothing done are then visited in their houses, and the parents advised and urged to obtain proper treatment. Often this necessitates several visits to each home, parents being curiously slow to see that it is worth while trying to improve matters.

(Table I.)

HOME VISITS.

Reason for visit: to follow up a child suffering from	RESULT FOUND.				
	Total Visits.	Receiving appropriate treatment.	Not receiving treatment	Advice, etc. given.	Out, or wrong address.
Ringworm	89	37	4	45	3
Scabies	11	...	...	10	1
Body Vermin, etc. ...	20	...	...	19	1
Phthisis	26	13	1	9	2
Enlarged Glands ...	7	5	...	1	1
Enlarged Tonsils ...	306	67	24	169	16
Verminous, and Sore Heads	113	9	...	95	9
Eyes	277	62	15	169	31
Impetigo	8	5	...	3	...
Other Infectious Cases	86	78	...	1	7
Discharging Ears ...	33	10	2	18	3
Deafness	14	2	2	7	3
Mentally Defective ...	10	...	...	...	10
Diphtheria Swabs ...	31	...	...	...	5
Miscellaneous... ...	200	40	...	125	35
TOTALS ...	1231	328	18	671	157

Obstinate cases are referred to the Clinic. One such mother said that she herself had suffered all her life with her tonsils, so why should anything be done to the child!

The following table shows the great improvement that has taken place in the results since the work has been undertaken by the nurses. The cases of cures have gone up from 6.2 per cent. in 1913 to 19 per cent. for this year.

(Table II.)

REPORT ON FOLLOWING UP.

DEFECT	Total Cases	Under Medical Supervision.	No Report.	TREATED.			UN-TREATED.	
				Cured.	Improved.	Unchanged.	Improved.	Unchanged.
Enlarged Tonsils ...	370	99	41	55	2	...	53	120
Defective Vision ...	224	52	21	86	...	...	...	65
Mouth Breathing ...	49	17	...	5	1	...	12	14
Squint	40	5	...	...	16	...	1	18
Sore Eyes	47	9	3	...	15	11	5	4
? Suitable Glasses ...	10	1	1	3	...	...	...	2
Unsuitable Frames	12	..	...	10	...	...	...	2
Deafness	45	13	3	3	9	...	6	11
Discharging Ears ...	44	7	4	1	14	...	10	8
Enlarged Glands ...	9	3	...	...	2	...	4	...
TOTALS ...	850	*206	76	163	59	11	91	244

*34 of these cases are definitely awaiting operation.

The following table shows a comparison of the results of the following-up work of 1913 and 1914:—

	Under Medical Supervision.	No Report.	TREATED.			UNTREATED.	
			Cured.	Improved	Unchanged.	Improved.	Unchanged.
Percentage, 1913...	...	...	6·2	3·5	...	9·8	...
Percentage, 1914...	24·3	9·0	19·0	7·0	1·3	10·7	28·7

This work of following up defects is of the utmost importance, without which medical inspection would be of little value. It entails, however, a very great deal of work. In 1914 it was possible to give more time to it than usual, since while the appointment of School Dentist was vacant the dental nurse was able to give a good deal of time to it. The results show that this work is worth doing thoroughly, but to keep up to date with the inspection more time still will have to be given to it.

Enlarged tonsils: Cured, 14 per cent.; Improved, 14 per cent. Parents are getting more alive year by year to the advantage of operative measures for this defect. Fourteen per cent. of cures, however, is still far too low a percentage. One feels that much more could be done were this operation carried out at the Clinic. Many parents object very strongly to attending the hospital, whereas nurses have been told many times by parents that they would like their children operated on at the Clinic.

The improvement without treatment is probably due to the fact that at the inspection the child was suffering from a temporary Tonsillitis, when it was impossible to say whether the enlargement was temporary or permanent. Some of the improved cases may be due to the extraction of bad teeth.

Defective vision: Cured 38 per cent.

Here one would expect a much higher percentage of cures. Here again, unless the defect is very obvious, it is very difficult to get anything done. The child does not complain, and parents think an unnecessary fuss is being made. Here probably the question of fee has some bearing—parents will not trouble to read the form and see that the financial difficulty will be met by the Committee.

Mouth-breathing: Cured, 10 per cent.; Improved, 26 per cent.

It is not easy to say definitely whether the child's mouth-breathing is due to Adenoids or not, and one is loath to advise operation unless certain. Many cases of mouth-breathing are due to chronic nasal catarrh, which can be improved by thorough cleansing of the nose and by fresh air.

Squint: Improved, 40 per cent.

A squint takes a considerable time to become really cured, hence all these cases are notified as improved. Many of the cases are of too long standing to be cured, except by operation. In so many cases, because the squint only appears after measles, whooping cough, or some other illness, parents will not believe that it is the vision which is at fault.

Sore eyes (Blepharitis): Improved, 38 per cent.

This is usually a very chronic condition, and very difficult to cure unless the underlying cause is defective vision, which can of course be remedied; only long continued treatment is of any avail. Several cases have been treated daily at the Clinic for months, with quite good effects, but still only resulting in improvement and not cure.

Deafness: Cured, 5 per cent; Improved, 33 per cent.

The severe cases of deafness are usually due to old Otitis Media; something has been done at the Clinic by careful and regular syringing to improve a few of these, but in most cases very little improvement is to be expected. Most of the cases which have been cured or improved were simply due to the presence of hard plugs of wax.

Discharging ears: Cured, 1 case; Improved, 49 per cent.

Here again we have a very chronic condition to deal with, and one which most parents have not the patience to treat persistently. Most of the improvement was due to treatment carried out at the Clinic.

Enlarged glands: Improved, 66 per cent.

Improvement here has been due to extraction of carious teeth, and to improvement in general health.

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

———		———	Boys.	Girls.	Total.
Blind (including partially blind).		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for the Blind	7	—	7
		Not at School	1	—	1
Deaf and Dumb (including partially deaf).		Attending Public Elementary Schools..	3	—	3
		Attending Certified Schools for the Deaf	3	2	5
		Not at School	1	—	1
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools..	—	—	—
		Attending Certified Schools for Mentally Defective Children	40	35	75
		Notified to the Local (Control) Authority during the year	1	1	2
		Not at School	2	1	3
	Imbeciles.	At School	—	—	—
		Not at School	—	3	3
	Idiots.	———	—	1	1
Epileptics.		Attending Public Elementary Schools..	17	10	27
		Attending Certified Schools for Epileptics	—	—	—
		Not at School	6	1	7
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools..	8	14	22
		Attending Certified Schools for Physically Defective Children	—	—	—
		Not at School	16	19	35
	Other forms of Tuberculosis.	Attending Public Elementary Schools..	3	3	6
		Attending Certified Schools for Physically Defective Children	—	—	—
		Not at School	5	7	12
	Cripples other than Tubercular.	Attending Public Elementary Schools..	82	113	195
		Attending Certified Schools for Physically Defective Children	—	—	—
		Not at School	18	22	40

The following are details of some of the cases given in the foregoing table.

Blind: It is curious that no blind girls of school age are known in the city; the seven boys attending a certified school are at the Birmingham Institution for the Blind, and the remaining boy has been certified for the same Institution since the end of the year. This last was a very rare case. The boy was in a fever hospital (not the City Hospital) for Scarlet Fever; while there he contracted measles, which so affected his eyes as to cause complete blindness.

Deaf and Dumb: Five of these children are at the Royal Institution for the Deaf and Dumb at Birmingham. One boy is at present attending the Special School at Wheatley Street, though he is by no means mentally deficient. He was to have been admitted to the Birmingham Institution in December, but unfortunately developed some enlarged glands in the neck, and is now awaiting operation previous to his admission to the above Institution.

The remaining children are only partially deaf and dumb, and are at present attending the ordinary school.

Mentally Deficient: Of the three children who are not at school two are cripples and one is suffering from ringworm. It has been found impossible to treat him by X-Rays.

See also the report on the Mentally Deficient School.

Epileptics: Last year a detailed report of thirty known epileptics was published; two of these are now above school age, while six fresh cases have been brought to notice. The cases excluded from school are chiefly so excluded because the head work apparently causes more frequent fits. An attempt is being made to get one severe case into a home.

Pulmonary Tuberculosis: As was pointed out in the report for 1913, in the majority of cases it is very difficult to say definitely whether a child has Phthisis or not. The physical signs are often uncertain or wanting, and reliance has to be placed more on symptoms and general condition. The Tubercle Bacillus was very rarely found in the sputum. Consequently this figure must not be taken as definite—only in 22 cases was Dr. Newton certain enough of the presence of definite Phthisis to notify them to the Medical Officer of Health; the remaining cases were the most suspicious of the large number of so-called pretubercular children.

During the year 28 children have been sent to Sanatoria by the Sanitary Committee. They remain there for periods varying from two to seven months. The children were sent as follows :—

	Boys.	Girls.	Total.
To Northwood	12	4	16
To Southport	1	7	8
To Winsley	2	1	3
To Bramcote	-	1	1
	15	13	28

There is no doubt about the improvement in these children on their return. Practically every case comes back well nourished, energetic and without symptoms. The good done must not be over-estimated, however, as many of them are found to have fallen back considerably in six months' time. A few have apparently returned completely to the old condition. It is impossible at present to keep children indefinitely at a Sanatorium, the utmost that can be attempted is to give them a good start on the road to recovery, and an education as to how to live on their return home. Unfortunately it is more difficult to educate the parents, and one fears that much cannot be hoped for on this latter point.

Health visitors and school nurses visit the homes periodically and do what they can by way of advice—unfortunately the conditions under which so many children live cannot be bettered except by taking them right away from their homes.

There is in Coventry, as in every other great city, a great mass of children for whom an open-air school is urgently needed —children who at present are a source of great loss of grant, and who in the future will be a burden on the nation.

Other forms of Tuberculosis : These include Tuberculosis of the joints, glands, and peritoneum. Four cases of Spinal Caries are known; one so much improved that it is hoped he will be able to attend the roof class at Centaur Road next summer. Five cases of Hip Joint disease are known; of these one is an imbecile and one has left the town during the year. The other three cases are well enough to attend school. One case of Tuberculosis of the Peritoneum has been admitted to the Coventry and Warwickshire Hospital.

Cripples other than Tubercular: The detailed list of the known cases is as follows :—

(*a*) Congenital Paralysis	5
(*b*) Infantile Paralysis	16
(*c*) Talipes	5
(*d*) Spinal Curvature	5
(*e*) Congenital Dislocation of Hip	5
(*f*) Pseudo-Hypertrophic Muscular Paralysis ...	2
(*g*) Hydrocephalic	2
(*h*) Rickets	1
	41

Congenital Paralysis.

Of the two who were attending school, one has now left and has obtained work. Of the three who are not at school, one is mentally deficient and another is an imbecile.

Infantile Paralysis.

More than half of these cases are able to attend school——many of them will not be seriously handicapped in after life. One of the bad cases has been admitted to a home.

Talipes (various deformities of the feet): Four of these children are attending school wearing some sort of special boot or appliance—the fifth child is excluded for Epilepsy.

Spiral Curvature.

Four cases are known which are bad enough to require rest at home. There are a number of slight cases of this weakness which would be benefited if rest in a recumbent position and suitable exercises could be arranged for at school. It is doubtful if such treatment can be trusted to parents; when it is suggested the almost invariable reply is, "Oh! but I can't make her rest!"

Congenital Dislocation of the Hip.

Five cases of this very serious deformity are known. One has left school during the year and found work; one child, who has been operated on several times is becoming weaker in her legs, and will probably have to cease attending school; one child is an Imbecile.

Pseudo-Hypertrophic Muscular Paralysis.

Two cases are known of this fatal disease. One has had to leave school, the other is rapidly becoming worse and will have to leave shortly.

Hydrocephalic.

One of these children is sufficiently improved as to be able to attend school.

Rickets.

This boy was not suffering from active rickets but from the resulting deformity. It was principally weakness in the legs which necessitated his absence from school. He will probably be able to attend next year.

Dull or backward Children.

No statistics have yet been attempted of these children; the number is probably large; in one school alone there are so many that a special class has been formed for them, a method which could probably be pursued with advantage in one or two other large schools.

(*f*) TREATMENT OF DEFECTS.

The treatment of the defects in school children was carried out by the same agencies as hitherto.

The following is a report on the work of the various Departments of the Clinic during the year:—

(1) DENTAL CLINIC.

The work of the Dental Department was resumed on June 8th, after an interval of five months caused by the resignation of Mr. Cotterell. Mr. Claude Taylor was then appointed to the position, and during the remainder of the year satisfactory progress has been made, the percentage of applications for treatment being slightly larger than in the previous year. Mr. Taylor's report of his work is as follows:—

The schools visited and the results of the examinations are as given below:—

School.	Number Examined.	Number Requiring Treatment.	Applications for Treatment.
Centaur Road	294	233	133
Holy Trinity..	56	35	18
South Street	302	190	59
All Saints'	123	81	48
St. John's	159	97	27
Radford	204	128	61
Red Lane	303	197	71
St. Osburg's	124	81	23
St. Mary's	109	62	39
*Fredk. Bird	135	99	67
	1809	1203	546

* Boys and girls only.

Total number requiring treatment 1,203
,, ,, consenting to treatment ... 546 = 45·3%
Total number of visits by children to Clinic ... 1,856

Treatment has been completed in 705 cases of the 6—8 age period, and in 479 casual cases, making a total of 1,184.

SUMMARY OF TREATMENT.

	EXTRACTIONS.		ANÆSTHETICS.		FILLINGS.		MISCELLANEOUS.	
	Temporary Teeth.	Permanent Teeth.	Local.	Nitrous Oxide.	Amalgams.	Cements.	Pulp Treatments.	Scalings and Dressings.
6 to 8 age period	1659	63	672	39	1691	20	85	22
Casuals	419	420	347	84	197	74	48	55
TOTALS	2078	483	1019	123	1888	94	133	77

The routine of the Clinic, as arranged by Mr. Cotterell, has been mainly adhered to. Two alterations have, however, been made :—

(1) The casual work of the Clinic being now considerable, I found it necessary to appoint certain hours of each day for these cases as follows :—All school days at 12 o'clock, and Tuesdays, Wednesdays and Fridays at 4-30.

The Head Teachers of all the schools have been notified of these hours, and with their co-operation, interruption of my appointments and long waiting by the children have been avoided to a considerable extent.

(2) Until recently cards were filled up for all children requiring treatment, and the accumulation of these was becoming a serious problem, making reference difficult, in addition to the wastage (over 50 per cent.).

The treatment required by each child is now charted on the examination lists, and transferred to the cards only after an application has been received.

All these schools are now being examined for the second time, and although it is impossible to show by figures any improvement in the condition of the teeth of those children having had treatment, the improvement is undoubtedly there, and it has been my great pleasure to notice this. In most cases, further treatment has been necessary, however, which shows the importance of following up the treatment until the child leaves school.

Under present conditions it is impossible to do this. The work of the Clinic may now be considered as the maximum of one dentist. To carry out the work efficiently an additional dentist is absolutely necessary.

The following is a summary of the visits paid by Nurse Markham *re* dental cases from June 8th to December 23rd.

Number of visits paid	152
Signed as willing to accept treatment at Clinic ...	76
Parents would not give definite answer ...	35
Refused to have treatment	4
Mother out (message left)	18
Left, or wrong address	17
Been to private dentist	2

During the earlier part of the year Nurse Markham devoted her whole attention to medical work and following up. These visits are invaluable to the work of the Clinic; through them Nurse Markham not only obtains consent for treatment in many cases, but dispels much ignorance shown by the parents. Also through them we learn most of the objections to treatment, amongst which cost and distance from the Clinic are the chief. The latter cannot be avoided, but the former might easily be dispensed with.

(2) EYE CLINIC.

The Eye Clinic has been continued at Cheylesmore School, in the Medical Officer's Room. Dr. Harrison Butler has attended one half-day per week throughout the school year. This department is working satisfactorily, and the supply of cases keeps up and shows no likelihood of diminishing.

As before, Dr. Butler deals principally with errors of refraction and cases of squint, and prescribes spectacles where necessary for such cases. Some of the worst cases of squint have been referred by him, for operative measures, to the Coventry and Warwickshire Hospital, where he has attended them. During the year 320 cases were completed by him; this is 42 in excess of the number seen in 1913, and 140 in excess of those seen in 1912. Altogether 831 cases have been completed since the commencement of Dr. Butler's work. This year's cases may be roughly grouped as follows:—

Hypermetropia	37·37	per cent.
Hypermetropic Astigmatism ...	38.06	,,
Myopia	6.22	,,
Myopic Astigmatism	10.40	,,
Corneal Opacities	0.69	,,
Mixed Astigmatism	7.26	,,

An arrangement for the supply, at contract prices, of spectacles prescribed by Dr. Butler has been made with one of the Opticians of the City.

A sum of £8 15s. od. per annum is allowed by the Board of Education for provision of free spectacles. During the year the sum of £5 8s. 6d. has been expended on these, as against the sum of £5 6s. od. during 1913.

Payment of Clinic fees is supposed to be the chief bugbear to the parents in obtaining treatment for their children. If, however, it could be made widely known that the Committee, rather than leave a serious defect of vision in a school child untreated, are perfectly willing and ready to remit part or all of the fee to deserving applicants, there would be considerably fewer objections to treatment than there are at present. A special application form is in use for parents desiring such remission. One cannot help thinking that greater use might be made of these forms, and also of the fund for free spectacles mentioned above.

A few special cases, not refractions, have been referred to Dr. Butler for treatment or advice.

Visits have been paid to the homes in the case of children whose appointments have not been kept, and also in the cases where the directions have not been carried out. Subsequent appointments are made for all cases who fail to attend the Clinic.

(3) RINGWORM.

The special class for Ringworm had dwindled down to four children by Easter of 1914; obviously it was not worth while supplying a whole-time teacher for this number of children, so the class was accordingly closed. Apart from the fact of a diminished number of cases of ringworm, the chief factor causing so small an attendance at the special class appeared to be the distance that the children (many of them very young) had to traverse to attend the school.

No efficient drug treatment has yet been discovered for this disease when affecting the scalp. Infection of the skin is usually easily cured by the application of Iodine. The use of Iodine for Ringworm of the scalp as a routine treatment is to be discouraged, since it is liable to cause great soreness, and has been known to end disastrously. Several methods have been tried during the year, but without success; Chrysarobin ointment, fused Sodium Carbonate and Tincture Ferri Perchloridi all being used. One method which was tried towards the end of the year in cases where the infection was limited to one or two small patches seems to promise more successful results; three cases having been cured in this way. The method consists in first cleaning the patch with Ether, then painting with Iodine, and then spraying with Ethyl Chloride. These applications are given on alternate days, after which the patch is epilated as after X-Rays. The treatment does not seem to be successful where the patches are large (for one thing it is rather painful), or where the whole head is invaded in small patches. In these cases X-Ray treatment seems to be the only remedy.

As in 1913, frequent microscopical examinations have been made. In all 223 microscopical examinations were made during the year. The discovery of the ringworm spores under the microscope is the positive proof of the presence of the disease.

X-Ray Treatment.

Dr. Cole, of Leamington, has had charge of the X-Ray treatment for scalp ringworm during the year. He has attended on one-half day a week for this purpose.

A Gaiffe apparatus is in use at the King Street Clinic, and has done its work very satisfactorily. This installation has an upright coil and a special brake converting the alternating current into a constant one. Bauer valve tubes are fitted.

The actual treatment is carried out in a lead-lined cubicle provided with a plain deal table, on which the child reclines. Large water-cooled tubes have been used throughout the year. Two are kept in use, and by using these it is found that a great saving of time is gained as against the ordinary non-cooled tubes.

The adaptor used is the Kleinboschs, and the whole head is by this method epilated by five applications, one each for the sides, front, vertex, and back.

Since treatment started, in November, 1912, 193 cases have been cured by X-Rays; the number cured during the year was 89.

The average time taken to cure each case works out at a slightly lower figure than that of last year, being now three months, whereas before it was 3.39 months. The quickest cure was accomplished in three weeks, this being a case which only needed one application; the longest time taken to cure was five months. This boy had the whole head X-Rayed twice, and even then required weeks of careful epilation before the infection was completely cured. One may here remark that the X-Rays do not apparently, at any rate to any large extent, kill the ringworm spores—the action of the rays is apparently to loosen the hair and so allow of the spores being extracted with the hair. Hence it follows that a most important part of the treatment is in thorough epilation afterwards. To facilitate this parents are always instructed not to cut the children's hair before treatment; long hair being much more easily pulled out than short hair. Even in the best cases, where the hair is long and falls out by itself, a careful epilation of the "stubble" is performed by one of the nurses. In obstinate cases this sometimes entails hours of tedious and tiring work with forceps, occasionally aided by a lens.

It is to this thorough epilation that we owe so much of our success in this treatment.

The average absence from school of children who do not submit to X-Ray treatment works out at about thirteen months. So that the average saving in grant per case treated by X-Rays amounts to £1 8s. 4d.; for the 89 children treated during the year the amount saved is therefore £126 1s. 8d.

As to results, we may still safely say that no case of permanent Alopecia (baldness) has occurred. In a few cases one or other of the areas treated has remained more or less bald for some months, but in every case the hair has eventually grown, in many cases in a far better quantity and quality than previously.

Two or three children developed an Eczematous condition whilst epilation was proceeding, and had rather bad heads, and for some months following there was a bald patch on the crown, but the hair has now grown again.

As regards the above, the scalps, when epilated, are liable to become very dry and in certain cases irritable, and no doubt, in the above cases the children infected their heads by scratching. It is the custom to advise the parent to rub in some simple fatty ointment when this stage is reached. No head is subjected to an application when sore.

There are still a few parents who object to treatment by X-Rays, but on the other hand more parents are ready to have the treatment at once without trying any other method first. This is doubtless due to the successful cases getting more numerous and more widely known.

At the beginning of 1914 there were 62 children excluded for ringworm of the scalp, while at the end of 1914 the number was 35. Of these:—

13 were having or were awaiting treatment by X-Rays.
4 were having treatment by their own doctor.
18 were having home treatment, which may be taken as practically nil. These children are all seen periodically, and urged to have X-Ray treatment.

It seems doubtful whether the number of excluded cases will fall much lower for some time to come. Fresh cases are constantly cropping up. There are two chief causes for these fresh cases.

(1) Children coming into the city from other parts of the country; this danger will probably grow less as more and more centres take up treatment by X-Rays.

(2) Infection in children who are under school age and who can consequently only be treated at the Clinic if the parents are willing to pay the full fee of 26/-, which in the majority of cases is impossible. This is, I think, the source of many of our fresh cases. Several instances are known where the older children have had X-Ray treatment while a young child in the house is still uncured, and one is expecting a re-infection of the treated children.

(4) Verminous Conditions of Head and Body.

The Cleansing Centre.

This department continues to meet an unfortunately great need in Coventry. The total cases treated this year are 160 in excess of last year's, the summary of work done being as follows:—

Total cases treated, verminous conditions of the head and body	568
Of these:	
Dealt with under Section 122 of the Children Act	142
Voluntary cases...	195
Bathing and sterilization carried out	116
Sore Heads...	58
Miscellaneous cases	57

In spite of teaching and all the cleansing work that has been done, no diminution of the numbers of verminous children can be perceived. The most that can be said is that the worst cases are not as bad as the worst cases of a few years ago. But one feels that an immediate relapse would take place were the efforts relaxed.

The upkeep of the numbers may be that as the general condition of cleanliness is raised our standard is also unconsciously raised.

The method followed at present in dealing with these conditions is as follows :—

When at the systematic or class to class examination a child is found whose head shows more than a few scattered nits a "Head Notice" is sent to the parent. This simply notifies the parent of the fact and gives instructions as to how to get rid of the nits.

Should the child be badly infested with nits or should it be actually verminous, an "Exclusion Notice" is sent. This excludes the child for one week, and again instructs the parent how to cure the condition. For every case in which an "Exclusion Notice" is sent a card is made out, and the child inspected at school by one of the nurses every four or five weeks until she is satisfied that the child is being kept thoroughly clean.

Should the child who has once received an "Exclusion Notice" again become verminous a "Cleansing Notice" is sent, and twenty-four hours afterward, the child is visited at school by Mrs. Fisher—the Cleansing Attendant—and if necessary (it is seldom unnecessary) brought to the Cleansing Station and there dealt with.

CITY OF COVENTRY.

Education Office,
44, Bayley Lane,
....191

To..

.. ..

CHILDREN ACT, 1908.

In compliance with the requirements of Section 122 of the Children Act, the Education Committee have caused to be made by an authorised person an examination of the person and clothing of...
....now in attendance at...
School, and it is reported that the $\genfrac{}{}{0pt}{}{\text{person}}{\text{clothing}}$ of the above-mentioned child $\genfrac{}{}{0pt}{}{\text{is}}{\text{are}}$ verminous, or $\genfrac{}{}{0pt}{}{\text{is}}{\text{are}}$ in a foul or filthy condition.

Now, therefore, I hereby give you notice to cleanse properly the $\genfrac{}{}{0pt}{}{\text{person}}{\text{clothing}}$ of the child within twenty-four hours after the receipt of this notice, and should you fail to do so, I hereby give you further notice *that the Education Authority will have this cleansing carried out at their Cleansing Centre as authorised by Section 122 of the above Act, in which case the child's hair will be cut short.*

FREDK. HORNER,
Secretary to Education Committee.

Instructions describing the manner in which the cleansing may best be effected are enclosed.

COPY OF SECTION 122, CHILDREN ACT, 1908.

"(1) A local education authority may direct their medical officer, or any person provided with and, if required, exhibiting the authority in writing of their medical officer, to examine in any public elementary school provided or maintained by the authority the person and clothing of any child attending the school, and if, on examination, the medical officer, or any such authorised person as aforesaid, is of opinion that the person or clothing of any such child is infested with vermin or is in a foul or filthy condition, the local education authority may give notice in writing to the parent or guardian of or other person liable to maintain the child, requiring him to cleanse properly the person and clothing of the child, within twenty-four hours after the receipt of the notice.

"(2) If the person to whom any such notice as aforesaid is given fails to comply therewith, within such twenty-four hours, the medical officer, or some person provided with and, if required, exhibiting the authority in writing of the medical officer, may remove the child referred to in the notice from any such school, and may cause the person and clothing of the child to be properly cleansed in suitable premises and with suitable appliances, and may, if necessary for that purpose, without any warrant other than this section, convey to such premises and there detain the child until the cleansing is effected.

"(3) Where any sanitary authority within the district of a local education authority have provided, or are entitled to the use of, any premises or appliances for cleansing the person or clothing of persons infested with vermin, the sanitary authority shall, if so required by the local education anthority, allow the local education authority to use such premises and appliances for the purpose of this section upon such payment (if any) as may be agreed between them, or in default of agreement, settled by the Local Goverment Board.

"(4) Where, after the person or clothing of a child has been cleansed by a local authority under this section, the parent or guardian of, or other person liable to maintain the child allows him to get into such a condition that it is again necessary to proceed under this section, the parent, guardian, or other person shall, on summary conviction, be liable to a fine not exceeding ten shillings.

"(5) Where a local education authority give notice under this section to the parent or guardian of, or any other person liable to maintain, a child, requiring him to cleanse the person and clothing of the child, the authority shall also furnish him with written instructions describing the manner in which the cleansing may best be effected.

"(6) The examination and cleansing of girls under this section shall only be effected by a duly qualified medical practitioner or by a woman duly authorised as herein-before provided.

"(7) For the purposes of this section 'medical officer' means any officer appointed for the purpose of section thirteen of the Education (Administrative Provisions) Act, 1907."

So far no children have been proceeded against under the Children Act. In future it is proposed to summon parents if it should become necessary to send a third cleansing notice.

It will be noticed that the voluntary cases dealt with at the Cleansing Station exceed those dealt with under the Children Act. Of course this does not mean that no moral persuasion has been used. But, on the other hand, in cases where, for instance, there are many young children and the mother goes out to work, or is mentally or physically incapable of attending properly to heads, Mrs. Fisher is always ready to attend to them periodically in order to prevent their ever reaching such a state as to necessitate a cleansing notice.

One must remark here on the excellent and capable manner in which Mrs. Fisher carries out this very unpleasant duty.

During the year the hair has been cut short in more cases than previously, I think, with salutary effects.

The following table shows the number and the severity of what may be called the chronic cases, *i.e.*, cases which have had an original "Exclusion Notice" and are then inspected every four or five weeks by the nurse.

TABLE SHOWING NUMBER OF CHRONIC CASES OF VERMINOUS HEADS

	A	B	C	D
Broad Street	20	3	4	1
Centaur Road	6	5	—	—
Cheylesmore	21	15	5	9
Earlsdon	6	1	—	—
Edgewick	6	1	6	1
Frederick Bird	18	7	3	1
John Gulson	19	7	3	1
Little Heath	4	2	—	—
Radford	7	5	1	1
Red Lane	22	15	1	2
South Street	15	13	2	1
Spon Street	32	17	7	—
Stoke Council	11	2	—	2
Wheatley Street	14	4	1	2
All Saints	6	7	2	2
Holy Trinity	16	2	4	2
St. John's	13	6	2	7
St. Mark's	7	—	1	1
St. Mary's	8	—	—	3
St. Michael's..	11	3	1	2
St. Osburg's	15	2	—	—
St. Peter's	6	1	2	—
Thomas Street	4	—	—	—
Wheatley Street Special ..	4	4	—	—

(*a*) = original "Exclusion" only.

(*b*) = (*a*) + one cleansing notice or warning letter.

(*c*) = (*a*) + two ,, ,, ,, ,, ,,

(*d*) = (*a*) + three or more ,, ,, ,, ,,

This work of periodic inspection entails a great deal of unpleasant work for the nurse, but it is undoubtedly of the greatest value.

(5) KING STREET CLINIC.

Dr. Newton reports as follows :—

"More and more use is being made of these premises as an inspection Clinic along the lines originated by Dr. Tucker. Three afternoons and Saturday morning in each week are given up to seeing special cases here. During school hours children are seen who have appointments made from the Education Office (in which case their attendance is counted as an attendance at school) or who are absent from school, while after school hours many children are brought up by their parents or sent up by Head Teachers with various ailments. Most of them with regard to their fitness for school ; some in view of their being sent to the country by the Care Committee ; and others whose parents cannot afford medical treatment for minor ailments, and so come for advice. In any of the latter cases, where medical attention is really required, parents are, of course, advised to go to a private doctor or to the Hospital. Two cases of Appendicitis have been met with in this way and sent to obtain proper treatment.

The following table shows a list of more serious cases which come to King Street for observation periodically :—

	Boys.	Girls.	Total.
Phthisis	4	7	11
Pretubercular	29	30	59
Tubercular Glands	2	1	3
,, Peritonitis	1	3	4
,, Joints	1	2	3
,, Skin	2	—	2
General Debility	10	20	30
Heart Organic	3	4	7
,, Functional	1	3	4
Chorea	5	4	9
Blepharitis	2	1	3
Otitis	5	3	8
Chronic Bronchitis	3	4	7
Anæmia	—	2	2
Epileptic	3	3	6
Miscellaneous	3	6	9
	74	93	167

Several cases of Chronic Blepharitis (Inflammation of the Eyelids) were treated daily for a long time by massage with Protargol; the result, although not a perfect cure, was well worth the time and trouble expended. Several bad cases of Chronic Otorrhœa (Ear Discharge) were syringed daily until cured. Hitherto no exact record of work of this nature done by the nurses has been kept; a register has been started for 1915, however, and the results will be available for the next report.

There is no doubt that the work done at the Clinic is one of the most important parts of the school medical service. Naturally, the children who most need advice are absent from school, and so miss the routine examination. It is a mistake to imagine that incipient disease will be discovered to any large extent during the systematic examination in the schools; at present it is not possible (and probably not advisable or necessary) to average more than about five minutes for the examination of each child at school; this short examination should be looked upon as a means of obtaining statistics and of separating out children who require a more thorough examination and periodic observation. To have a fair chance of discovering with any constant success incipient disease, from twenty minutes to half an hour must be spent on each case, and the conditions must be suitable. The conditions chiefly required are a quiet, well-lit room and an examination couch. The couch has been provided at the Clinic during the year, and has proved most useful; a quiet room has still to be found, and consequently examinations, especially of chests, are still done at a disadvantage. The noise at King Street is due to two causes—the heavy traffic on the granite sets outside, and the noise made by waiting parents and children inside. The General Works Committee has been approached during the year to see if something could be done to mitigate the noise of the traffic, but apparently there are difficulties which cannot be overcome. It has been suggested that the difficulty might be met by building a consulting room in the old playground space at the back of the Clinic; this would not be altogether satisfactory, since the noise of the traffic would be replaced by that of a factory, and the room would be so far away from the waiting room. It is possible that the difficulty might be met by dividing the large room into six smaller rooms, and flooring each with linoleum. The proposed rooms could be used as follows:—

Consulting Room for Medical Officer.
Clerks' Room.
Nurses' Room.
General Waiting Room.
Operating Room.
Recovery Room.

There would be difficulties in the way of lighting and ventilating some of the rooms, but these are probably not insurmountable.

The Operation Room would be for Tonsils and Adenoids, as the time will probably come when it will be considered advisable that these should be done here. They are already being done at several School Clinics.

It would be a very great advantage to have the clerks at the Clinic, in fact this is one of the greatest disadvantages under which the work is carried on at King Street. A great deal of time is wasted, even with the invaluable telephone, in going to and from the Office in Bayley Lane; but the great disadvantage lies in the fact that some of the children's records are at the Office and some at the Clinic.

Diphtheria. A new work undertaken this year has been in swabbing the throats of all children in houses infected with Diphtheria. During the year 161 swabs have been taken, 20 being positive and 141 negative. No child whose swab has once been positive is allowed to return to school until two negative swabs have been obtained. By this means an additional safeguard is secured against Diphtheria carriers."

STAMMERING CLASS.

The following report by Dr. Newton, which was forwarded to the Board of Education during the course of the year, will give the best idea of the work of this class:—

"A class for stammerers was commenced in January, 1913, since when seven courses, of from eight to ten weeks duration, have been held. Altogether sixty children have received instruction, a few of whom have attended two of the courses. Besides these regular courses, a continuation class has been held regularly on Saturday morning, and in May of 1914 a short revision course of three weeks was carried out. By the time this revision course was held, many of the pupils had left school to go to work or had passed on to secondary schools, so that the eighteen pupils who attended it represented a fairly good response to the notice issued. The attendance at the Saturday morning continuation class, on the other hand, has not been as good as one would have liked, the average regular attendance being only twelve.

Owing to the inconvenient arrangements at the Technical Institute, where the classes have been held, it has been impossible to hold mixed classes. Of the seven courses which have been completed, only one of them has been for girls; this seems to represent the proportion of stammering among girls compared with that among boys. Recently notices were sent out to a number of girls who it was thought would benefit by the course of instruction, but the response was so poor that the class could not be held.

The system followed has been that of Professor Burquand.

For the purpose of this report the parents, teachers, and scholars have all been interviewed by the teacher who gives the instruction. The result is as follows:—

(*a*)	Cured	4
(*b*)	Very much improved, but liable to occasional difficulty when excited or (?) run down in health	30
(*c*)	Improved but still having more or less frequent relapses	17
(*d*)	Very little improved—a bad case who has had no chance of revision as yet ...	1
		52

The remaining eight pupils had either left the City or had left school and could not be traced.

To show the importance of the revision classes, I have further tabulated the results as follows, the letters referring to the classification above:—

	Revision or continuation class.	No revision.
A	3	1
B	23	7
C	7	10
D	0	1

It will be noticed how the majority of those who have attended a revision class fall into Class B; while of those who have had no revision the greater part come under Class C.

With regard to Class A, the cure may be considered complete; this accounts for the smallness of the number. Many of those in Class B are practically cured, while all of them are so far improved that their defective speech is no longer any impediment to them either in education or in seeking employment. Class C are improved, but for the most part show the need of further revision.

Speaking generally, one feels that though the tendency is to relapse shortly after attendance at the course has ceased, most of the pupils who are placed in classes A or B of this report have reached a permanent level, since this report has been purposely delayed until a fair time had elapsed after the close of the last course. Several who have been interviewed within the last few days attended the regular course in January, 1913, and ceased attending a continuation course in December of that year. In these particular cases one feels that there is little doubt about the permanency of the result.

Both parents and teachers, almost without exception, express themselves as more than satisfied with the results obtained; at the same time they recognise the value and need of revision and continued care. Contrary to what one would expect, the report of the parent in several cases has been more satisfactory than that of the teacher, the child, one would think, being apt to relapse more at home than at school."

Since July, 1914, no stammering class has been held, as a sufficient number of children could not be collected; this in itself proves the efficacy of the work done. The Saturday morning revision class has been continued, but the numbers attending it have gradually fallen off. It is very difficult to keep school children at a class held out of school hours. It is hoped to hold another short revision course early in 1915, and by that time sufficient stammerers may be found to hold another ordinary course. It is only as children reach the age of ten or eleven years that they become sufficiently intelligent to reap benefit from the method of instruction.

OPEN-AIR CLASSES AT CENTAUR ROAD.

Dr. Newton reports as follows :—

"It was decided during the year to make use of the roof playground at Centaur Road as an open-air school for delicate children. A visit was paid by the Assistant School Medical Officer to the Birmingham Open-air School at Uffculme, by which means knowledge of many practical details was acquired.

There are three main needs to be kept in view in the working of such a school. These are :—Fresh air, rest, and good feeding.

Fresh Air.

Centaur Road School is situated itself on high ground, close to Hearsall Common, from which it is separated only by one block of houses, thus being close to the open country ; being also on the south-west side of the City, there is no doubt about the freshness of the atmosphere. At each end on the roof playground is a shelter, which it was proposed to use as a class room. These shelters are enclosed by walls on three sides ; two of these sides have windows, which, however, did not open. To ensure a good current of air through these future class rooms the windows were made to open.

Rest.

This was arranged for by providing resting stretchers, on which the children could lie at full length. They were made to fold, so could be packed away in a small compass when not in use.

Feeding.

The children were given milk in the middle of the morning, and at middle day a good varied meal was provided. All the children were obliged to stay for this meal.

The usual school furniture was provided for each shelter, the only unusual feature being that single desks, and chairs with arms, took the place of the usual desks and benches. In addition, tables were provided, on which the children could have their meals.

It was proposed to have two classes of twenty children ; one of boys and one of girls, this being the number suggested by the Board of Education for special classes. Since the children would not be all of one age, it would be impossible for the teacher to manage conveniently more than twenty.

The routine usually followed in such classes is not so strenuous or rigid as in the ordinary school. During the morning session ordinary school lessons were taken, then followed a short interval, and then dinner, the children themselves doing most of the serving of the dinner. After dinner every child lay down on a resting stretcher for an hour and a half; where necessary, in the case of particular children, this rest was prolonged for another hour. At first the children were restless during this period, but soon got used to it, so much so, that when a visit was paid to the school during the second half of the term most of the children were found to be fast asleep. In the afternoon session the children were more or less free to follow their own inclinations. Girls usually read or sewed, boys did gardening. The gardening was managed by having large boxes of soil arranged round the foot of the walls. This proved really very successful—flowers, and such vegetables as lettuce and radishes were grown from seed, germination being hastened by the use of wicker and glass cloches.

The list of children who attended the class for the whole session is given below. A few changes were made after the August holidays, but as the class was only open for about six weeks after then, no marked improvement could be expected in the fresh children; these are, therefore, not considered in this report.

OPEN-AIR CLASS.

GIRLS.

General Debility.

No.	Age.				
1.	11.	General improvement	Gained	2¾	pounds
2.	12.	Parent thinks wonderfully better ...	,,	3½	,,
3.	11.	Improved	,,	5½	,,
4.	11.	Improved (not a bad case) ... ... (irregular heart with some anæmia)	Lost	2¾	,,
5.	10.	Much improved	Gained	3	,,
6.	11.	Much improved	,,	4	,,
7.	10.	No great improvement (not a bad case)	Lost	2¾	,,
8.	13.	Very little improvement (neglected home; attended very irregularly)	Gained	½	,,
9.	9.	Slight improvement	,,	1	,,
10.	12.	Much improved	,,	4¾	,,
11.	11.	Much improved	,,	5	,,
12.	10.	Very little improvement	,,	2¾	,,

No.	Age.		
13.	10.	Much improved	Gained 5¼ pounds
14.	13.	Much improved	,, 4½ ,,
15.	11.	Improved (not a bad case)	Lost ¼ ,,
16.	9.	Improved (not a bad case)	No change

Pretubercular.

1.	13.	Very little improvement	Lost ¾ of pound

Asthma.

1.	9.	Much improved (no asthma while on roof until October)	Gained ¾ of pound

Severe Anæmia.

1.	9.	Child 9½ years old, but did not know her letters, having never been well enough to attend school regularly. Although she did not increase in weight much, her general condition was wonderfully improved. She made 92% of attendances while on roof	Gained ¾ of pound

Old Phthisis.

1.	10.	This girl had been at Northwood Sanatorium. Although she lost a little weight while on the roof, her general condition was undoubtedly better ...	Lost ½ pound

OPEN-AIR CLASS.

BOYS.

Asthma.

No.			
1.	Age 9¼ years.	Very little improvement ...	Gained ½ pound
2.	,, 10 ,,	Much improved (no attacks while on the roof)	,, 1¾ ,,
3.	,, 12 ,,	Improved, but still has attacks...	,, 1 .

General Debility.

1.	,, 12 ,,	Discharged very soon for irregular attendance	
2.	,, 11 ,,	Improved (not a bad case) ...	Lost ½ ,,
3.	,, 10 ,,	Much improved	Gained 2½ ,,
4.	,, 12 ,,	Much improved (neglected home)	,, 2½ ,,
5.	,, 13 ,,	Improved (left early) ...	,, 1½ ,,
6.	,, 11 ,,	Very little improvement (neglected home)	,, 3¼

7.	Age 9 years.	Very little improvement (very bad teeth which parents would not have remedied—a good deal of anæmia) ...	Gained 3¼ pounds
8.	,, 10 ,,	Much improved (left in August: slight heart murmur) ...	Lost 1 ,,
9.	,, 9 ,,	Much improved	Gained 3½ ,,
10.	,, 11 ,,	Much improved	,, 3¼ ,,
11.	,, 12 ,,	No great improvement ...	,, 4¼ ,,
		Pretubercular.	
1.	,, 12 ,,	Great improvement—had not been to school for 18 months, did not miss an attendance at roof school	,, 1½ ,,
2.	,, 12 ,,	Only slightly improved ...	,, 1 ,,
		Cardiac.	
1.	,, 9 ,,	General condition improved, but heart condition about same...	,, 3½ ,,
		Malnutrition.	
1.	,, 12 ,,	Great improvement—chest expansion increased 2 inches ...	,, 6½ ,,
2.	,, 11 ,,	Improved	,, 2¾ ,,
3.	,, 11 ,,	Improved	,, 3½ ,,

It will be noticed that many of the children come under the heading of "General Debility." As last year was one of the nature of an experiment, it was considered advisable to choose children for whom their parents would not fear to allow the treatment; so that afterwards, when the confidence of the parents had been obtained, more delicate children could be admitted without difficulty.

Results.—There are two indications of the result which can be easily measured; weight and regularity of school attendance. It will be seen that the majority of the children gained from three to four pounds, some rising to five pounds, and one boy to six and a half pounds. It is interesting to notice that, with one exception, all those who lost weight were children who were not at all serious cases.

The average gain in weight among the boys was 2.38 pounds, and among the girls 1.85 pounds. At first sight this increase seems less than one would perhaps have expected; when one remembers, however, that gain in weight takes place more quickly from mid-September to mid-December, and most slowly from the end of April to mid-July, it is clear that this increase is above the normal.

The fact that the boys increased at nearly twice the rate of the girls is normal for children of this age.

Attendance:—The improved attendance, both during the roof class and for the three months immediately following, was very satisfactory. Of course improved attendance means increased grant.

The average attendance was as follows:—

January, February and March, 1914.	April to October, 1914.	October, November, and December, 1914.
Ordinary School, 80.8%.	Roof School, 92.7%.	Ordinary School, 89.1%.

Of the improvement in general condition there was in the majority of cases no doubt. This was well shown by the satisfaction shown by the parents, such remarks as "he has never been so well in his life," and "it has been the making of her," being heard at the final examination. The improvement in physical and mental alertness was most marked.

Chest measurements were taken, but no definite result was obtained except in the case of one boy, who is mentioned in the list.

One was glad to see the improvement in the Asthma cases. Possibly the comparative absence of dust had something to do with this. Unfortunately the Asthma has returned with their return to ordinary school. One had hoped for considerable improvement in the various functional heart troubles, which were common in these cases of general debility, but the results did not come up to expectation.

The success of the experiment is due in a very great measure to the interest and co-operation of the Head Mistress of Centaur Road Girls' School and the two assistant teachers who took charge of the classes.

Although the teaching of such classes as these is probably not physically quite such hard work as teaching in the ordinary class-room, the work requires more constant mental work and attention, particularly due to the fact that the children being of different ages are doing different work at the same time. The assistant teachers took their turns to stay with the children during the dinner hour."

Miss Carter, the Head Mistress, has kindly furnished the following report :—

"Total number admitted, 52 children—27 girls and 25 boys, the ages ranging from 8 to 13. Two classes were formed, one for boys and one for girls. Each class was worked in divisions, based on the knowledge and capacity of the children—it was impossible to make age the basis, as several children had been absent from school for periods ranging from 3 months to 3 years, or had never been to school at all.

Curriculum :—Five hours instruction was given daily, 9 a.m. to 11-45 a.m. and 2-15 p.m. to 4-30 p.m. The time-table was so arranged that as far as possible the morning work should enable the children to carry on their lessons with as little loss as possible by their transfer from other schools.

In the afternoons no strenuous mental work was attempted, a large proportion of the time being devoted to handwork. The boys were employed in drawing, colour work, design (for chip carving), chip carving (for seniors), raffia work (for juniors). The girls had needlework, knitting, crochet, rug-making.

Both boys and girls had gardening, which proved to be particularly attractive, and in spite of the very limited scope for their work, quite satisfactory results were achieved.

Nature study was frequently taken on Hearsall Common, the short walk there taking the place of ten minutes' physical exercises.

Deep breathing exercises were taken twice daily.

Rest :—One and a half hours rest was given after the midday meal. Additional rest was given to a few of the most delicate children, as ordered by the Medical Officer.

Meals :—Hot milk at 10-40 a.m. ; dinner at 11-50 a.m.

Monday : Lentil soup and bread ; milk pudding and stewed figs.

Tuesday : Boiled neck of mutton, carrots and turnips, potatoes ; bread pudding.

Wednesday : Scotch broth and bread ; suet pudding and jam or treacle.

Thursday : Stewed steak, cabbages (or dried peas), potatoes ; milk pudding and stewed rhubarb.

*Friday : Boiled fish, parsley sauce and potatoes ; suet pudding with currants.

*Rabbits were substituted when fish was dear.

General remarks : The most noticeable fact about these classes was the marked increase in both mental and physical activity of the children. At the beginning of the session the majority of them were very languid, and showed little desire either to work or to play.

A very pleasing feature was the gratitude of the parents. It is, however, to be regretted that the midday rest was not taken during the week-end, and that a number of the children were allowed to be up late at night, ten o'clock being a not unusual bed-time.

The co-operation of the parents in these respects would undoubtedly prove beneficial to the children, and greatly assist teachers in their efforts to promote the children's well being."

THE CARE COMMITTEE.

The following is the report of the above Committee for the year :—

March 5th, 1915.

(1) Your Committee beg leave to submit the following Report upon their work during the year 1914 :—

For the purpose of this work the City of Coventry has been divided into five districts, viz. :—

District.		*Schools.*
Earlsdon	...	Centaur Road, Earlsdon, Spon Street, St. John's, St. Osburg's, and Thomas Street.
Edgewick	...	Broad Street, Edgewick, Little Heath, Paradise, and Red Lane.
Hillfields	...	Cheylesmore, Wheatley Street, All Saints', St. Mary's, St. Michael's, and St. Peter's.
Radford	...	John Gulson, Radford, Holy Trinity, Kingfield, and St. Mark's.
Stoke	...	Frederick Bird, South Street, Stoke Council, and Stoke C.E.

Each District Committee meets monthly, and reports to the Central Committee, which also meets monthly.

The principal activities of the Care Committee are as follows :—

1. Convalescent Cases : (*a*) Visiting applicants before sending to Institutions. (*b*) Following up after treatment at Institutions.

2. Neglected Cases: Visiting homes and reporting where necessary to N.S.P.C.C.
3. Factory Surgeon's Reports of Children "Refused" or "Passed conditionally" for employment: Visitation of cases.
4. School for Mentally Defective Children: Following up.
5. Canteen: Visiting homes of underfed children.
6. Open-air Classes (Centaur Road School): (*a*) Recommending cases to Medical Officer for examination. (*b*) Remission of charges for meals. (*c*) Following up cases.
7. Provision of open-air treatment for ailing children.
8. Cripple Cases: Visitation for enquiry as to treatment, etc.

Convalescent Cases.

During the year 66 children have been dealt with, and assistance given in the following cases:—

Children sent to Sanatoria		9
Children sent to Country or Convalescent Homes (without expense to Committee)		6
Children sent to Seaside	partly at the expense of the Committee	1
,, ,, Farms		10
,, ,, Country		2
,, ,, Convalescent Homes ...		14
		42

The remaining 24 cases may be classified as follows:—

Children for whom arrangement still had to be made, 31st December, 1914	2
,, who proved not to need treatment	4
,, whose parents did not see the necessity ...	7
,, not sent to Camp owing to outbreak of war ...	7
,, upon whom no report was made by visitors, or whose parents did not reply	4
	24

The Committee recognises with gratitude its great indebtedness to the Charity Organisation Society for very valuable assistance rendered in securing the admission of Phthisical and Sub-phthisical children to suitable Homes and Institutions.

Convalescent Camp.

In July, 1914, the Committee proposed to establish a Convalescent Camp for ten children at Corley, and part of the necessary equipment was purchased, but in consequence of the outbreak of war further action was suspended.

Guild of Play, or "Happy Evenings."

During the Winter two Guilds of Play have been held on Friday evenings, one at Holy Trinity School, under the management of the

Radford District Committee, and the other at Spon Street Council School, under Miss E. P. Dawes. Both Guilds commence at 5.30 p.m., and last about two hours.

The objects which these Guilds of Play have in view are the safety of children at play by their removal from streets and courts, and the teaching of such games and occupations as secure to children forms of happy and healthy recreation.

The average attendance at the Spon Street Guild of Play was 30, and at the Holy Trinity Guild 50.

Neglected Cases.

These consist of cases reported from the Elementary Schools of children who attend in a neglected or uncleanly condition of person or clothing, or both.

Sixty-four cases have been reported during the year, and these have been investigated by members of the Committee. In the majority of the cases the efforts of the Committee have brought about a satisfactory improvement in the general condition of the children.

Factory Surgeon's Cases.

Before a child who has left school can be employed in a factory or workshop, it has to receive a certificate of fitness for the employment proposed. During the year 50 such children have either been "refused" or have been "passed conditionally" for employment by the Certifying Factory Surgeon. These cases have been visited by members of the Committee, who have found in each instance that satisfactory arrangements had been made.

Special School for Mentally-Defective Children.

An important branch of the Care Committee's work is the over-sight of children leaving the Wheatley Street Special School. Seventeen such children are now under observation.

REPORT OF THE ASSISTANT SCHOOL MEDICAL OFFCER ON THE WORK OF THE CARE COMMITTEE.

This Committee has been of great service to the School Medical Department during the year. A good number of the physically defective children mentioned in the table on page 166 have been brought to notice by this Committee, while by the following up of such cases and of cases of neglected children, much work has been done which it would have been impossible for the school nurses to cope with.

It is, however, the work done among "Convalescent Cases" for which the Assistant School Medical Officer is particularly grateful. The fact that 42 children have been sent to Sanatoria, country, or seaside during the year is a record of a great deal of useful work on the part of members of the Committee, and, in spite of the fact (which is unfortunately true) that in many cases the children fall back on their return to the old conditions, it is a work which has left a mark of lasting improvement in the lives of most of them.

The foundation of the Camp at Corley referred to in the report one feels is a step in the right direction. It is right that a city of the size of Coventry should have an Institution of its own for dealing with delicate children.

The system of sending children away to farms, useful though it has been, presents two objections :

One cannot be sure that the children are being properly looked after, particularly with regard to food and rest; and it is obviously a system which cannot be extended indefinitely to deal with large numbers of children.

By the formation of the Camp under the charge of a competent matron, it is hoped that both these objections will be overcome. It was unfortunate that the war broke out just at the commencement of the working of this scheme. A site has been secured and a sleeping shelter provided, however, so that it is hoped that an early start will be made with the Camp next Spring.

JUVENILE LABOUR EXCHANGE AND BUREAU.

Mr. A. E. Robinson, the Superintendent Attendance Officer, has furnished the following report about the above :—

Greater powers, during the last few years, have been given to Education Authorities, and many matters appertaining to the Welfare of Children, whether physical or mental, now come within their jurisdiction. Amongst these a special feature is the consideration of the future of the child just leaving school and starting out in the world.

The passing of the Education (Choice of Employment) Act, in 1910, gave to the Local Education Authority the power to make arrangements, subject to the approval of the Board of Education, for giving to boys and girls under 17 years of age assistance with respect to the choice of suitable employment by means of the collection and the communication of information and the furnishing of advice.

Method of Working.

Three months before a child is expected to leave school, the Head Teacher sends a circular letter to the parent, pointing out that the child is about to leave school and start out in the world, and at the same time a card is forwarded to the Education Office, giving full particulars of age, educational attainment, and any special ability, character and conduct, and information respecting the amount of after-care probably needed.

These cards give the Medical Report by the School Medical Officer when the child was examined at the school, and the children are classified as follows :—

"A." Those who will need no help from after-care workers.
"B." Those who will require some little help.
"C." Those whose parents are indifferent, and who do not trouble about the future of the child, so long as a job of some description is found.

After these cards have been duplicated they are sent to the Juvenile Co-operating Officer at the Labour Exchange. Class "A" cards are filed for reference at the Exchange and Bureau, and the children in Classes "B" and "C" are invited, with their parents, to attend the Juvenile Labour Exchange and Bureau, where every effort is made to secure the best possible situation. In the case of those who do not accept the invitation another letter is sent, pointing out the facilities, etc., that can be obtained at the Juvenile Labour Exchange.

The reports by the School Medical Officer have been of the greatest service. In some instances they have been the means of pointing out some physical defect in the child which was unknown to the parents, and so prevented the child from entering unsuitable employment.

The Certifying Factory Surgeon also reports to the Committee upon cases he has either rejected or passed conditionally, each case being allocated to a helper for supervision. These cards are subsequently filed for future use at the Exchange and Bureau. During the year there were 50 cases—32 boys and 18 girls. Of these, 8 were rejected and 42 passed conditionally.

Statistics.

No. of Teachers' Report Cards received :—	
Class A	398
Class B	1.043
Class C	310
No. of boys who have left the Elementary Schools ...	887
No. of girls ,, ,, ...	741
No. of Vacancies filled :—	
Boys	1.038
Girls	392

Occupations to which Boys and Girls have been placed by the Juvenile Employment Bureau during 1911.

BOYS.	
Engineering	634
Office Work	145
Motor Engineer	99
G.P.O.	45
Electrical Engineer	17
Plumber	13
Labourer	10
Joiner	9
Grocer's Assistant	6
Printing	6
Laboratory Assistant ...	5
Watchmaking	5
Engraver	4
Gardener	4
Leather Worker	3
Sawyer	7
Butcher	2
Cabinet Making	2
Weaving	2
Bottle Washing	1
Building Trade	1
Optician	1
Tailoring	1
Upholstering	1
Porter	10
Warehouse	1
Confectioner	1
Skate Fitter	2
Sign Writer	1
	1,038

GIRLS.	
Engineering	113
Textile	77
Office Work	28
Examining (Engineering) ...	33
Box-making	27
Watchmaking	33
Millinery	23
Domestic	13
Printing	10
Dressmaking	5
Packing	4
Florist	4
Leather Worker	3
Cigar-making	2
Shroud-making	1
Stores	1
Telephone Operator	3
Shop Assistant	12
	392

After-Care Work.

District.	No. of Helpers.	Schools allotted to District.
Earlsdon ...	73	Earlsdon, Centaur Road, Spon Street, St. John's, and St. Osburg's.
Edgewick ...	17	Broad Street, Edgewick, Little Heath, and Red Lane.
Hillfields ...	25	Cheylesmore, South Street, Wheatley Street, All Saints', Holy Trinity, St. Mary's, and St. Michael's.
Radford ...	11	John Gulson, Radford and St. Mark's.
Stoke ...	25	Frederick Bird, Stoke Council, and St. Peter's.

No. of cases assigned to helpers for investigation and supervision:—

Earlsdon	274
Edgewick	177
Hillfields	257
Radford	84
Stoke	257
	1,049

The remarks of Dr. Newton under this heading are as follows:—"The present system by which the health of the children is notified to the Labour Bureau by the Assistant School Medical Officer is of no great value, since as long as fifteen months sometimes elapses between the time of medical examination and the time of filling in the report cards. One feels that the opinion of the Head Teacher who has the child under daily observation would be of more value. To inspect every child again would entail more work than the results would justify, but the difficulty might be met if the Head Teacher was asked to refer cases of doubtful health or physique for a final medical inspection."

(*g*) INFECTIOUS DISEASE IN SCHOOLS.

INFECTIOUS DISEASES.

Periods of Quarantine for those exposed to Infection and lengths of Isolation of those attacked.

Infectious disease.	Quarantine to be required after last exposure to infection.	Earliest date of return to school after an attack.
Small Pox	18 days	When all scabs have fallen off.
Chicken Pox ..	18 days	,, ,, ,, ,,
Scarlet Fever ..	14 days	Variable, generally 6 or 7 weeks, sometimes longer.
Diphtheria	12 days	Very variable; a medical certificate of freedom from infection is desirable.
Measles	16 days	Three weeks.
Whooping Cough ..	21 days	When the cough has disappeared.
German Measles ..	16 days	About three weeks.
Mumps	24 days	Four weeks if all the swelling has subsided.
Typhoid Fever ..	28 days	Only on medical advice.

NOTE.—In the case of Small Pox, Chicken Pox, Scarlet Fever, Diphtheria, and Typhoid Fever, all children from an infected home are excluded from school.

In the case of Measles, German Measles, and Whooping Cough, children from infected homes are allowed to go to school if they attend Senior Departments and have themselves had the disease before.

The above table is re-inserted here for convenience of reference by Head Teachers.

On page 82 is a table setting out the numbers of notifications of alleged infectious disease among school children, or in houses in which school children live, received by the Medical Officer of Health during the year. It will be seen that of these diseases Measles was the most prevalent, Earlsdon Infants' and Paradise

Schools suffering most. In spite, however, of the large number of cases that have occurred, only one death of a child of school age occurred during the year. The illness is most fatal among younger children. Some of the schools had a fair number of cases of Chicken Pox. Some cases of Scarlet Fever were notified from most of the schools, though John Gulson Infants' and Paradise Schools suffered most heavily. Three deaths occurred among children of school age.

From some Departments no Returns were received. This must not be taken as indicating that no infectious disease occurred among the children of those schools.

(*h*) MENTALLY DEFECTIVE CHILDREN, ETC.

Dr. Newton reports as follows:—

"At Wheatley Street Special School there is now accommodation for 72 children. This is not really sufficient; there are undoubtedly several more children now attending ordinary schools who are suitable for and would benefit by instruction at the Special School; the school is always full, and new children can only be admitted as vacancies occur. As proving the need for further accommodation, at one school alone examined during the course of the year, no less than eight children were presented by the Head Teacher as mentally deficient.

The woodwork centre has proved very useful; many of the boys take a real interest in the work and two or three of them have turned out excellent work, in one case from original ideas. One feels, however, that in the case of mentally deficient children it is not sufficient to get them merely used to the handling of one set of tools in the hope that they will then be able to use others. They must be taught to use the tools and do the actual work which would enable them wholly or partly to earn their living when they leave school. For example: if at the woodwork class instead of making models it could be arranged for them to make articles of furniture it would be of real benefit to them. In several other special schools mentally deficients are taught boot-making. This seems a much more useful occupation, and as the boots and shoes made are afterwards sold, the children take a keener interest in the work. It has been said that trouble would arise over the sale of work done with Trade Unions, but in actual practice this does not occur. Metal work is also a very suitable occupation practised successfully by such children in other places; this work is also afterwards sold.

An attempt was made during last summer to give some of the elder boys employment at rough digging. Unfortunately the attempt was not successful. Undoubtedly open-air exercise of this nature would be of great benefit to the boys; it is to be hoped that something of the sort can be arranged for next summer.

The problem of the employment of these children has not yet become acute, since the eldest children in the school are still only fourteen years of age, and the majority will be kept there until they are sixteen. It is a problem which must be faced, however, especially in view of the practical refusal of the factory inspector to allow them to work in factories. One does not wish to see them all degenerate into unemployed and casual classes.

Hitherto the examination of backward and mentally deficient children has been rather vague and indefinite; it has been difficult to standardise them, and therefore difficult to register improvement. Lately, however, a series of tests has been devised, known as the Binet-Simon tests, by which the mental age of the child can be fairly accurately gauged and registered. A supply of these test questions has been obtained, and it is hoped in future to be able to report much more satisfactorily on their mental conditions. Some such standardisation has become a necessity owing to the requirements of the new Act with regard to the mentally deficient. Under this Act two children have already been notified to the Local Authority as unsuitable for further attendance at the Special School.

On the 31st of December, 1914, there were 75 children on the books; 40 boys and 35 girls. During the year 15 new children were admitted, and 9 children left the school. The reasons for leaving were as follows:—

3 children left the City.

1 boy obtained work, though only as an errand boy.

2 children left to attend private schools. This course was allowed on condition that they were brought up to the Clinic periodically for examination.

1 boy was sent to an Institution.

2 were notified to the Local Authority as unable to receive further benefit from the instruction provided. Both were imbeciles."

(*i*) PERSONAL HYGIENE.

This matter has been dealt with under various preceding headings.

EDUCATION (PROVISION OF MEALS) ACT, 1906.

The following information concerning this matter has been kindly furnished by Mr. A. E. Robinson, the Superintendent Attendance Officer.

"The total number of children who were fed during the year 1914 was 983; the number receiving meals at any one time varied from 5 to 439. There were 32,419 meals provided.

The meals are provided at four schools, forming centres for groups of schools. The breakfasts consist of half a pint of cocoa, and one 6oz. roll (plain roll with butter or jam, or currant roll on alternate days) per child. On Wednesdays, porridge with roll is substituted for the above. The cost of breakfasts is approximately 1½d. per meal.

As hitherto, the meals are served by the caretakers of the schools, and are supervised by teachers from the various elementary schools and the Superintendent School Attendance Officer.

Owing to the outbreak of war and the consequent increase in the number of children requiring meals, an Investigation Officer was appointed to enquire into the circumstances of every family whose children were receiving free meals."

Either the School Medical Officer or the Assistant School Medical Officer now attends the meetings of the Canteen Committee.

(*k*) MISCELLANEOUS.

Eighty teachers, pupil teachers, and scholarship candidates have been examined during the year.

The total number of letters and notices sent out in connection with the medical inspection during the year was 7,078.

During the past twelve months the following reports have been made to the Clinic Committee :—

(1) Report on the necessary equipment for using the roof playground at Centaur Road School as a modified open-air school.

(2) Report on verminous children.

(3) Report on children excluded from school on account of ringworm.

(4) Report on the Mental Deficiency (Notification of Children) Regulations, 1914.

A report has also been presented to the Medical Department of the Board of Education on the results of the Stammering Class.

The clerical work of the Department has been carried on as before by Mr. Marsden, assisted by Mr. Waters. Mr. Marsden's services were accepted towards the end of the year by the War Office. His place has been filled temporarily by Mr. Stonier.

E. H. SNELL,

School Medical Officer.

10A, Hay Lane,
Coventry.
April 26th, 1915.

CITY OF COVENTRY.

Report by the Medical Officer of Health upon Hospital Accommodation for Diphtheria Isolation.

To the Sanitary Committee.

ISOLATION.

Your Committee has instructed me to prepare a report on the question of the provision of Hospital Accommodation for Diphtheria.

The powers which your Authority possesses in the way of providing Hospital accommodation, or contracting with others for the provision of such accommodation are conferred by Section 131 of the Public Health Act, 1875; this is as follows:—

"Any local authority may provide for the use of the inhabitants of their district hospitals or temporary places for the reception of the sick, and for that purpose may themselves build such hospitals or places of reception; or contract for the use of any such hospital or part of a hospital, or place of reception; or

"Enter into any agreement with any person having the management of any hospital, for the reception of the sick inhabitants of their district, on payment of such annual or other sum as may be agreed on.

"Two or more local authorities may combine in providing a common hospital."

Your Committee will notice that there are no limitations in the Section as to the kind of disease (or accident) for which accommodation may be provided; also there is no limitation of your powers to dealing only with the sick poor; both rich and poor may be provided for; the only limitation is to "sick inhabitants of the district."

This is very important in that it enables your authority to build, equip, and maintain a hospital for any illnesses. You have powers to maintain a general hospital equally with an infectious hospital. In practice, however, local authorities have confined their attention purely to hospitals of an infectious character, and (with only one small exception known to me) nothing has been done by local authorities in regard to general hospitals beyond—in a few instances—making a contribution to a voluntarily maintained charitable institution. It is curious that this should be so in the face of the fact that every community, great or small, has found that the provision of a general hospital or access to a general hospital for the sick poor is an absolute necessity. Yet this provision has hitherto been left, practically universally, in the hands of voluntary workers and the charitably disposed.

It is beyond the scope of this report to discuss whether the prevailing practice is the best one. I am merely stating the facts of the case and comparing the powers possessed by a local authority in the matter with the powers used. I do not think it out of place, however, to suggest that it would be a quite reasonable subject for future discussion as to whether the prevailing practice is the best one; as to whether an institution that is absolutely necessary to the public should best be in the hands of a private and self-constituted body, and whether the public interest would not best be served, both as to efficiency, economy, and utility, by placing it in the hands of a publicly elected body. (I think that the appositeness of these remarks will be borne out fully in a later portion of this report).

So much for the powers possessed by your Authority in regard to hospital provision.

The powers that have been used have been here limited—as elsewhere—to the provision of accommodation for certain infectious ailments, which it had been thought could be limited or suppressed by a process of isolation. These have here been—with a few exceptional cases of other diseases—Small Pox, Typhoid Fever, and Scarlet Fever.

The accommodation provided in recent years has been as follows:—

		City Hospital.	Pinley Hospital.
Until 1913	...	62 beds.	18 beds.
In 1913	...	102 beds.	18 beds.

The beds at the Pinley Hospital are intended to be reserved exclusively for Small Pox. Those at the City Hospital have hitherto been almost exclusively occupied by Scarlet Fever and Typhoid Fever patients. Mainly, of course, by the former, since the number of Typhoid Fever cases occurring in recent years has been very small.

Your Committee are aware that during the past four years the accommodation of the City hospital has been greatly strained on account of an epidemic of Scarlet Fever that was occurring; in each year a larger number of patients have been admitted than the hospital was built for; at one time—in 1910—as many as 122 patients were in the hospital. During these years a sum of £5,500 has been spent in the maintenance and treatment of overflow Scarlet Fever patients in the Exhall hospital.

Your Committee recognised in 1909 that an extension of the hospital was necessary. They resolved to extend the hospital by 40 beds for Scarlet Fever, and, at the same time, considered the desirability of including an extension of beds for the admission of Diphtheria. In doing so they instructed me to prepare a report on the matter. That report was printed. Shortly put, that report collated the results of the isolation of Diphtheria in the large towns, and failed to show that the towns that isolated Diphtheria obtained any diminution in the incidence of the disease, or in its mortality, and were, in fact, no better off in this respect than those which did not. After receiving this report your Committee decided not to make any provision for Diphtheria, and the extension was proceeded with as proposed, *i.e.*, for 40 beds; that extension was completed in 1913.

The question of making provision for the isolation of Diphtheria is again before your Committee, mainly on account of communications from the Local Government Board (dated June 23rd, August 18th, October 24th, and December 12th, 1913), the last enclosing a copy of a resolution passed by various local bodies urging that such provision should be made. And I have been instructed again to report on the whole matter.

To avoid a repetition of the figures given in the 1909 report, I am here setting forth the results, so far as incidence and mortality of Diphtheria are concerned, from 1908 to 1912, of all the large towns that have favoured me with replies. As in my report for 1909, I have arranged these towns in order according as to whether little or much has been attempted in the way of isolating Diphtheria cases, in order to show to what extent the latter have an advantage over the former in the way of lessened incidence and lessened mortality from Diphtheria; for it must be agreed that *unless* these two latter desiderata are attained, nothing is obtained by this wholesale isolation so far as advantage to the community is concerned.

In comparing such results it is obviously necessary to bear in mind, when the figures relate to a limited number of years, that an accidental epidemic may have prevailed during some of those years in some of the towns and not in others.

Perhaps certain other local circumstances should be considered also; these are not very obvious when it is attempted to set them forth in writing. Diphtheria—so far as I am aware—is just the same kind of disease throughout the whole country. As in the case of other epidemic diseases, some attacks are quite mild, and almost unrecognizable as illnesses, while others are very severe; some epidemics again are of a mild character, and others are of a virulent nature. These remarks are made here because of the criticism which will certainly be made concerning a report arriving at conclusions opposed to the ordinarily accepted "orthodox" views. When, some years ago, doubt was cast on the value of the isolation of Scarlet Fever by Dr. Killick Millard, of Leicester, the bogey of "local circumstances" was raised to disparage the comparison of the results of the isolation of Scarlet Fever in one town with its isolation or non-isolation in another.

I have given considerable thought to the question as to how the "local circumstance" factor might be diminished or eliminated. It has appeared to me that this could be done by dealing with it in the same way as may be done with the "personal equation" of different observers, *i.e.*, by averaging the results of different observers.

My report of 1909 set out in rather a pell mell order the results obtained in various large towns; these required considerable study; and, in the end, failed to show any material advantage to those towns that isolated most of their cases of Diphtheria. The report did not go further. Those figures have been published, and it has seemed to me well to confine this report simply to the figures relating to 1909-1912, Fallacies introduced by the varying facilities for the diagnosis of Diphtheria, and for the use of Serum, may thereby be considered to be lessened.

I have divided my list of towns into six groups according to the amount of isolation attempted. It will be seen that so far as possible these groups have been made of comparatively similar size; at any rate, this has been the factor determining the division; and the following are the figures arrived at:—

1909—1912.

	Average per cent. removed to Hospital.	Average Attack rate per 1000 population.	Average Mortality per 1000 population.	No. of Towns.
No Isolation ...	—	0.76	.107	8 Towns
Up to 40% removals ...	27.2	1.10	.155	10 ,,
From 40% to 60% removals	52.7	1.17	.125	18 ,,
From 60% to 70% ,, ...	64.5	1.33	.140	15 ,,
From 70% to 80% ,, ...	74.2	1.42	.138	17 ,,
Over 80% ,, ...	83.2	1.46	.125	12 ,,
				80

That is to say that there is an intimate comparison between the amount, or incidence, of Diphtheria, and the amount of isolation accomplished; during the past four years those towns have come off best in regard to Diphtheria cases which isolated least; at the top of the list are those towns that isolated none!

The figures in relation to the actual mortality from Diphtheria are not so striking, but here again those towns that practised no isolation show the best record.

In order to ascertain whether the figures for the past four years are in any way exceptional, I have taken the figures for the previous five years and grouped and averaged them in precisely the same way; these are given below:—

1904—1908.

	Average per cent. removed to Hospital.	Average Attack rate per 1000 population.	Average Mortality per 1000 population.	No. of Towns.
No Isolation ...	—	0.77	.136	10 Towns
Up to 40% removals ...	25.5	1.16	.171	25 ,,
From 40% to 60% removals	50.5	1.48	.174	20 ,,
From 60% to 70% ,, ...	64.3	1.59	.201	12 ,,
From 70% to 80% ,, ...	74.1	1.63	.201	7 ,,
Over 80% ,, ...	85.1	1.74	.159	4 ,,
				78

It will be seen that precisely similar results are arrived at. If these results are not merely accidental (and it is difficult to think that they are) they suggest, and suggest strongly, not only that the isolation of Diphtheria has failed in its purpose, but that in some way this administrative procedure is actually followed by an increase in the disease it is intended to lessen.

It may be suggested that it is for those who advocate the wholesale isolation of Diphtheria to explain these figures. Personally I disclaim any position of advocacy. As the Medical Adviser of a community I am merely in search of the best advice that I can give so far as their interests are concerned in this matter.

And I think—as I stated in my report of 1909—that the "infectious contact" is the factor mitigating against success in the diminution of Diphtheria by isolation.

When a case of Diphtheria occurs in a household, it frequently happens that one or more of the others in the house receive and harbour the germ of the disease in their throats, *i.e.*, they are "carriers" of Diphtheria, and without themselves suffering from it they may be the cause of the disease in others.

I am of the opinion that the "carrier" is a more potent cause of the spread of the disease than the patient. The latter is, or should be, confined to his bed. The former is well and gets about, is seldom restrained in regard to continuing his daily avocations, and, in fact, cannot be influenced in this direction except by persuasion. A local authority has no powers over the "carrier," and indeed cannot identify him except by his voluntary submission to permit his throat to be "swabbed," to allow of a bacteriological examination of the swab.

The only exception to the above statement about "carriers" is in regard to school children. When infection occurs in a house it is possible to exclude the other children from school attendance. This course is usually adopted in regard to Diphtheria.

Now there is an important difference between the practice (of dealing with school children) in vogue in towns where the isolation of Diphtheria is not attempted and that where it is. And it is here, I think, that the advantage lies with the former towns.

In Coventry, for instance, when it is notified that a case of Diphtheria exists, the house is visited; enquiries are made as to the children attending school from the house; the schools are communicated with, and a request made that these children should be excluded until a fortnight after a further notice is received; this notice is not sent until the attending medical practitioner certifies that the patient is free from infection, and the necessary disinfection has been carried out. It is true that this practice does not ensure the freedom of infection of all contacts; but it probably allows sufficient time to elapse for most of them to be free.

On the other hand, in towns where isolation is practised, the usual custom is to disinfect the house after removal of the patient, and then—perhaps after a short period of quarantine—to allow the contacts to return to school.

It appears to me quite clear that it might be expected—having regard to the importance of "carriers"—that some advantage in regard to the checking of the spread of Diphtheria should be met with in those towns which do not isolate.

At any rate, no other explanation occurs to me as in any way relevant.

In order to ascertain what steps, if any, are taken in the large towns to deal with "carriers," I have addressed the enquiry to the various Medical Officers of Health, and I have been favoured with replies from about 80 of them. These replies are not capable of tabulation. It is safe to say, however, that with very few exceptions no search for "infectious contacts" is made; and in some, where it is made, the search seems to be quite perfunctory. Replies such as "Swabs taken occasionally," "Swabs have been taken if thought necessary," or "Contacts when suspected (*sic*) are swabbed," indicate that no systematic search is made.

In only quite a small number of towns does it appear that a serious effort is made to recognise and to isolate the "infectious contacts." And, even when attempted, it is not easy to understand how it can be effectively done. The infection sometimes lasts for months; and people who are well would probably resent prolonged isolation. It is difficult to conceive that compulsory powers over contacts could be obtained even if they were desirable.

The conclusion, however, appears to me to be inevitable that, so far as Diphtheria is concerned, no isolation of the patients can possibly be of service while the "infectious contact" is ignored.

Also it has to be remembered that the infection of Diphtheria is often very wide-spread; it may be found in many people with no history of recent contact with a Diphtheria patient. In March and April, 1913, it was discovered that several of the staff and patients in the Coventry and Warwickshire Hospital were Diphtheria "carriers"; these were removed to the City Hospital, and there isolated until free from infection; the precaution was then adopted of swabbing the throats of all new admissions to the Coventry and Warwickshire Hospital, patients, that is, suffering from other diseases or accidents. Sixty-five out of 510 were found to be harbouring Diphtheria infection. From October 31st, 1912, to December 31st, 1913, at the City Hospital, newly admitted patients suffering from Scarlet Fever, were swabbed; 24 out of 387 were found with Diphtheria infection. Dr. Tucker, the Assistant School Medical Officer, in 1913, took swabs from 130 school children indiscriminately selected; 22 were found to be carriers of Diphtheria bacilli.

The problem is a complicated one, and there can be no guarantee that even the most rigid system of dealing with "infectious contacts" can in practice *surround* the infection and result in its diminution.

As an official, my duty seems to be to set out fully the difficulties of the problem, so that any administrative action taken may be guided by them.

This report so far has dealt with the question of the isolation of Diphtheria as a preventive measure, and its value. The criticism will be made that in many cases the illness is such that it cannot properly be nursed at home, especially in small houses. This is not a peculiarity in regard to Diphtheria; this is the case in regard to *every* serious illness. It is not an argument in favour of the isolation of all cases, serious and mild; it is an argument in favour of the provision of a general hospital large enough to undertake the treatment and nursing of *all* illnesses which cannot properly be nursed at home.

TRACHEOTOMY.

So much for the isolation of Diphtheria as a preventive measure. There remains a class of case, where the disease affects the larynx, sometimes called Membranous Croup, for which hospital provision is urgently called for. In Coventry these have hitherto been dealt with at the Coventry and Warwickshire Hospital. During the twelve years ending 1912 they have averaged five cases per year, and during 1913, up to October 31st, they numbered twenty. As the operation, when called for, is usually urgent, it has been recognised that there were great advantages in securing their admission to a hospital where there were resident medical officers.

Formerly this service was undertaken by the hospital gratuitously; but in 1912 it was definitely agreed that this service to the community ought to receive recognition, and the Council agreed to pay a sum of £80 per year to the hospital in acknowledgment of their services.

The question of the advisability of the admission of such cases to the Coventry and Warwickshire Hospital has continually arisen in the past, and has again arisen recently. Several years ago, to lessen any risk which might exist in this connection, an appeal for funds was made for the erection of special isolation wards. The money was obtained, and the wards built. The wards erected have been found to be in the way in the recent extension of the Hospital; they have ceased to exist as isolation wards, and Tracheotomy cases have since been admitted to other small side wards.

The admission of such cases to the Coventry and Warwickshire Hospital is often spoken of locally as though a very exceptional and dangerous course were being pursued.

In order to show that this is not the case, I have recently written to all the general hospitals in the country known to me as having 100 beds or more.

Of those that have replied, 52 admit cases of Laryngeal Diphtheria when they appear to be likely to require Tracheotomy; 14 others admit them when they are very urgent; and 16 others state that they do not admit them. In several of the last group they have never been asked to admit such cases, for the reason that other or better arrangements exist in their neighbourhood for their treatment.

Far from our local method, therefore, being exceptional, it is quite exceptional for a general hospital to decline to deal with Tracheotomy cases.

And as for the risk, with proper management there is no risk to the other patients. During the past 17 years *not a single patient admitted for another disease to the Coventry and Warwickshire Hospital has contracted Diphtheria because of the admission of Tracheotomy cases.* Some of the Staff have contracted it. This danger cannot be avoided. It occurs equally in isolation hospitals.

On the face of it, it would appear quite simple to relieve the Coventry and Warwickshire Hospital of their fears in this connection by allocating a block of the City Hospital to this purpose. The disadvantage lies in the fact that the admission of Tracheotomy cases to a hospital without a resident medical officer subjects those patients to increased risks of fatal results. I hesitate to recommend the employment of a resident medical officer for a hospital which has (at present) about 30 Scarlet Fever patients, and 2 Typhoid Fever patients.

Reverting to a former portion of this report, I cannot help stating that from the point of view of the interests of the community, it would appear most reasonable, at any rate for the present, that Tracheotomy cases should be dealt with at the Coventry and Warwickshire Hospital.

Under the circumstances, however, your Committee has again to reconsider the position; the only reasonable alternatives which it occurs to me to suggest are as follows:—

(1) The allocation of a ward at the City Hospital to such cases; the appointment of a resident medical officer, and the provision of accommodation for him.

(2) The allocation of (say) the Iron Hospital to the purpose, and an arrangement made with the Committee of the Coventry and Warwickshire Hospital for the resident medical attendance on Tracheotomy cases to be provided by the resident Staff of that Hospital; a communicating entrance could be made from the Coventry and Warwickshire Hospital affording access to the Iron Hospital, the nursing being carried out by the Staff of the City Hospital.

(3) An arrangement might be made with the Coventry and Warwickshire Hospital for the erection in their grounds of an isolation block—apart from the main building—the Corporation paying a yearly sum to cover the interest and sinking fund on such a building. The original plans of the recent extension showed a proposal for such a building, and, indeed, no general hospital can be considered fully equipped without such a separate building. It would be of use for other cases requiring separation.

E. H. SNELL,

Medical Officer of Health.

January 8th, 1914.

CITY OF COVENTRY.

Report of the Delegates who attended the Congress of the Royal Sanitary Institute at Blackpool.

To the Sanitary Committee.

The Twenty-ninth Congress of the Royal Sanitary Institute was held in Blackpool from July 6th to the 11th, under the Presidency of the Rt. Hon. the Earl of Derby.

The work of the Congress was divided into the following sections:—

(*a*) Sanitary Science and Preventive Medicine.
(*b*) Engineering and Architecture.
(*c*) Domestic Hygiene.
(*d*) Hygiene of Infancy and Childhood.
(*e*) Conference of Representatives of Sanitary Authorities.
(*f*) Conference of Medical Officers of Health.
(*g*) Conference of Engineers and Surveyors.
(*h*) Conference of Port Sanitary Authorities.
(*i*) Conference of Veterinary Inspectors.
(*j*) Conference of Sanitary Inspectors.

A very large number of papers were read, and some interesting discussions were held. In a brief report such as this it is not possible even to enumerate all the papers read. It is only possible to refer to some of those which appeared to your delegates the most interesting or important.

At the opening meeting the president of the Congress, the Earl of Derby, after welcoming the delegates, gave an interesting address dealing with military hygiene.

SANITARY SCIENCE AND PREVENTIVE MEDICINE.

Professor A. S. Delepine presided over this section. In the course of his opening address he said a greater permanent benefit would be secured if the funds which the Government could dispose of for the purpose of assisting research in preventive medicine were used in approving and assisting existing institutions, rather than creating an entirely new institution more or less completely disconnected from the old ones. The creation of a central medicine research institute, more or less independent of the State departments, laboratories and other institutions, which had up to the present been chiefly concerned with the study and control of disease and social conditions, might be followed by some immediate benefits; but much greater and more permanent good would be secured by helping, strengthening, and co-ordinating the existing institutions, most of which were in great need of such help. One of the greatest objections to complete centralisation in medical research was to be found in the fact that many of the problems of disease could be studied fully only where and when certain conditions occurred, which up to the present time had seldom been under the control of the laboratory worker. Most of these opportunities had been wasted in the past. They often were detected too late or not at all, or occurred at times when no investigator was available, or if available, he had not the means, financial or otherwise, to bring an investigation to a successful issue. What was wanted, was that in every locality where opportunities were likely to occur with some frequency, means for complete investigations should always be available. In order to obtain that result it was necessary that clinicians, medical officers of health, and laboratory workers in those centres, should co-operate and help each other in a systematic and friendly manner. It was also necessary that they should have ample financial and other means at their command in order to be able to overcome many of the difficulties connected with etiological, epidemiological and allied investigations.

A lengthy discussion followed on the effect of the National Insurance Act on public health administration.

Dr. James Niven, Medical Officer of Health for Manchester, in his opening paper on the subject, stated that the Act had made the health of a third of the population a question of State finance, and had thus placed on the State the responsibility of seeing that the contributions of the employer, of the employed, and of the State, were used in such a manner as to give value for the money expended on the treatment of disease. The Chancellor of the Exchequor had shown, and nowhere more explicitly or sympathetically than in his recent speech on the Budget, that in his view "health is wealth." In the Insurance Act machinery was provided for bringing pressure on employers and on sanitary authorities to do all in their power to improve the health of employés and of the community. There had not yet been sufficient time to determine the incidence and distribution of sickness, and when that had been done by the Insurance Commissioners it was probable that, at all events, sufficient use would be made of Section 63 of the Act, which related to excessive sickness, to stimulate local authorities to increased action. Speaking on the question of medical benefit, Dr. Niven stated that the number of patients seen by practitioners in poor areas was often so great that there was not time to give each of them much attention. So far as he could ascertain, the Insurance Act had not diminished that difficulty, and the objects of medical benefit were thus, in a measure, frustrated. There was, as a consequence, a growing opinion in favour of a State medical service, under which whole-time State medical officers would be appointed at definite salaries to attend a definite number of patients. The question was one affecting profoundly public health administration, both because it related to sufficiency of medical service, and because, were any successful scheme evolved, it would necessarily bring the public health administration into closer association with the State medical officers. How far the public health administration had been influenced in other ways was not certain. There appeared to be increased activity in the consideration of housing problems, smoke abatement, statistical methods, and other matters. To what extent that increased activity was due to the Insurance Act, on the one hand, and, on the other, to the natural growth of interest in these questions, it was not very easy to determine. There could, however, be no doubt as to the influence of those clauses of the Insurance Act which provided for the treatment of tuberculosis. He was of opinion that the effect of the sanatorium clauses of the Act would ultimately be that a great reduction in tuberculosis would occur, but time was required to complete the machinery and to work it to the best advantage.

Dr. Meredith Young, who followed, said they were a little disappointed in their hopes that the Act would lead to earlier detection and treatment of such diseases as cancer, Bright's disease, and heart disease. The system of payment was at fault, and, in addition, there was perhaps the dread of suggesting the possibility of cancer or tuberculosis to patients who were imperfectly educated in the potentialities of the disease and the potentialities for cure. Twelve months ago, he said, he expressed great doubts as to whether the operation of the National Insurance Act, in conjunction with the Old-age Pensions Act, would tend to reduce the amount of pauperism and the number of inmates under the Poor Law. He had now changed his opinion entirely. Reliable information showed that his estimate was wrong. As a matter of fact, the amounts paid both in respect of indoor and outdoor relief were now considerably less than before the two Acts came into operation.

In the section of Preventive Medicine, the first paper was one by Mr. H. D. Searles-Wood, F.R.I.B.A., on the "Housing of the Agricultural Labourer." It was thought, he said, that a discussion on the various plans that had been put forward for the housing of the working classes would be of interest in view of the duty that now falls on public authorities to provide houses. He entered at length into a study of the Local Government Board memorandum, and a detailed description of the ideal types of property. In the course of his remarks he said that it was important that the scullery should not be so large, or be planned in such a way, as to encourage its use as a living room.

This was followed by a paper on "Cottage Building in Rural Districts," by Mr. T. Wickford Potter, the agent of the Earl of Derby. He appealed for a consideration of the needs of to-morrow as well as of to-day. They must look at the matter from the imperial point of view. He pointed out that although at Liverpool the financial loss had been considerable, the authorities maintained that money had been saved in many other directions. He found that the best class of tenant would have a parlour. They heard a lot about making the tenants use the kitchens as living rooms where there was only a kitchen and scullery, and he knew cottages built with that object. They had large kitchens and very small sculleries, but out of about eight families one only made use of the front room as a living room. If remonstrated with, the wife, who was usually the dictator in the house, would give at least half-a-dozen reasons why she could not do otherwise. And that feeling was not confined to one class or part of the country, but existed generally. Was it not best, therefore, to face the matter squarely, that those people would have a room of that description? Baths were sometimes considered a necessity in cottages, but, although undoubtedly very useful, it was questionable whether there was much real demand for them on the part of the agricultural labourers. They might safely say that not one-quarter of the smaller farm-houses at present possessed them, and they might fairly be considered first.

Dr. J. Holroyde, F.R.C.S.E., D.P.H., Medical Officer of Health of Chatham, contributed a paper on "Housing and the Occupier's Responsibility." Most of them, he said, had had practical experience of housing problems, and few would deny that housing improvement was one of the urgent needs of the hour. It was true that wide and drastic powers existed under the various Housing Acts, but to all those who were occupied in their administration there must come at times a feeling of discouragement that after so many years of public health activity slums should be as they are, and that whilst so much has been done in the way of renovating, repairing and demolishing insanitary properties, the result, in so far as improvement in the habits of a section of the population is concerned, was very meagre and disappointing. To some extent it seems that the increased activities of health authorities have been accompanied by a reactionary attitude amongst the very class whom these activiities are designed to benefit; in other words, the more you do for them, the less they are inclined to do for themselves. Possibly this is more apparent than real; but does not the spirit of our legislation suggest a suspicion of this character? From the moment of birth the child of the poor man was visited under the Notification of Births Act, and instructions as to feeding and management were given; during his infancy and school age he was the object of unremitting care, and leaflets of every kind are bestowed on his parents. He was inspected at school, if defective he was treated, if dirty he might have a bath, and when he got infectious disease he was removed to hospital and nursed and maintained at the public cost. His dwelling and its internal economy is the object of much solicitude on the part of the sanitary authority, and yet there are thousands of homes where there is neither cleanliness or decency, and where the incorrigibly dirty habits of the people are not one whit the better for all that is done for their welfare.

Wherever slums existed they should be removed, that was an indispensable preliminary measure to which there was no alternative, and every householder should have sufficient light, air, water, and such sanitary conveniences as will allow no excuse for neglect on his part. His environment, when it was lacking in these requisites, must be improved, but to do this and at the same time allow him to foul and destroy the dwelling he inhabits without attempting either to reform or punish him was to defeat the whole object of housing policy, which aimed not merely at the provision of healthy dwellings, but at the promotion of hygienic habits. To achieve any real measure of success the tenant's responsibility must be fixed. It was comparatively easy to deal with housing defects, they could be definitely stated and remedied, and there were legal methods of securing a satisfactory result; but it was less easy to define personal neglect, and there was no ready method of legally coping with it. A one-sided position therefore existed, which was unfair to owners of property, and it was surprising that such an uneven distribution of justice continued to be tolerated. The Public Health Acts seemed to give power to do everything except to compel the occupier to do his duty. His proposition was that as owners had risen to a sense of their responsibility in the matter of housing, so each family must learn for itself that its members had also responsibilities and duties to which they ought to conform. It is simply amazing that lazy and dirty tenants should be nuisances, breeders of disease, and carriers of infection, and go unpunished for their transgressions.

The next step in social and sanitary reform must concern itself with the personal habits of the individual. The problem is a social one, but public health and social efficiency were intimately bound up with one another, and present day public health work was as much concerned with social problems such as wages, occupations and habits, as it is with water supplies or the disposal of refuse. The problem of dealing with the dirty tenant is a difficult one, and so far had never been seriously tackled. Far too much nonsense was talked about the woes of the slum dweller, who, in the majority of instances, was absolutely unworthy of the sentimental utterances of certain types of social reformers, whose one fetish was the so-called liberty of the subject. No man ought to be at liberty to live or act in a manner prejudicial to the health, the comfort, and the cost of others, and yet the question of dealing with dirty and neglectful occupiers was evaded because no suitable remedy had been devised. Individual misconduct is the cause of much disease, of much insanitation, of large expenditure, and it forms a formidable obstacle to progress. That being so, the foundation of reform lay in the improvement of individual conduct.

A very interesting discussion followed upon these three papers.

Mr. Kaye-Parry, of Dublin, said that in the planning of an agricultural labourer's cottage there was a great deal more to be thought of than people as a rule appreciated. The real lesson to be learned was to avoid the mistake that had been made in Ireland. A particular type of cottage was there fixed upon irrespective of local conditions. Every site had to be dealt with on its merits, and by following that plan they would get better value for their money than by adopting a stereotyped standard.

Alderman Lloyd, of Bristol, pointed out that the tenants had duties as well as the owners, but there was no provision in the Act to enable that responsibility to be fixed upon the tenants. Owners of property resented that responsibility. They were evicting tenants of that class wholesale, and the result was that those tenants took their habits with them and make the neighbourhood into which they went as bad as the one they had left. The whole thing was becoming one of perpetual motion. Those people must be housed, and there was a demand in the cities for municipal housing. He was glad to say that in Bristol the undesirable class of people were decreasing.

Councillor Adams, of Newcastle, said that what was required was an entire improvement in the standard of living, and so far as housing accommodation was concerned that could not be obtained except at a charge upon the rates. The cause of all the trouble was small wages. Poverty was the prime cause. Private enterprise was making no provision in the way of rebuilding the property that was passing out of use. What was urgently required was that there should be established a national minimum wage.

Mr. J. Walsh, of Wolverhampton, spoke from the same standpoint. He was thoroughly of opinion that in our slums we were manufacturing the type of people the reader of the paper deplored. He believed that the slum-dweller was the product of slum property. If he lived in some of the slums of his town he would very often find himself taking advantage of the better and sweeter surroundings of the public house. If they demolished the slums, a percentage of the people would show an improvement that would thoroughly justify the experiment.

Alderman Mattison, of Middlesbrough, felt they were apt to drop the side of the occupier's responsibilities like a hot cinder. He was of opinion that the time had arrived when the people who administered the health authorities functions should be independent of votes.

Alderman J. W. Midgeley, of Keighley, said they found the greatest difficulty, not in compelling owners to put their property in proper condition, but in compelling the tenants to keep it so. What they wanted to do was to educate the working man to spend on rent what he now spent on beer. He had men working for him who spent five times on beer what they paid in rent. A great many of the best paid artisans of the present day lived in the greatest slums. Earlier in the discussion he had interjected that soap was cheap, but he found that people were too lazy to use it, even if the Corporations would provide it for them. There was too much pampering of the poor. But at the same time they must teach the people to live in better houses and to keep their bodies and homes clean. It did not matter how good they might build their houses, or whatever they might do for them, if the people were too lazy to keep them clean when they got in them. No law would be too severe to punish such people. The great fault at the present time was that the law threw the responsibility upon the owners and none on the tenant.

Alderman J. C. Julyan suggested that if authorities would exercise the powers they at present possessed more fully they would be in a more advantageous position. He pleaded for educational work, and for more extended powers.

Alderman Bates, of Nuneaton, pointed out that slums in his town were not among the 3/- houses but the 6/- houses. Miners in receipt of good wages would not only live in a 4/- house, but would get two families into one house if at all possible. He had found that the man who earned the smallest wages regularly, paid his rent much more regularly than the man who earned greater wages. Small houses were very useful in any town.

Mr. Robert Lambie, C.C., of Lanark, considered it a libel on the working classes to say that they were more dirty than other classes. He emphasised the necessity for every house being provided with a bath. Who had a better right to a bath than a working man?

Dr. Holroyde expressed his satisfaction at the discussion. He maintained that owners had risen to a sense of their responsibility. The reason might be that they could be compelled to carry out their responsibilities. In the case of the occupiers there was no legal means of making them feel their responsibility. The whole question was really not one so much of policy as of personality.

"The Necessity for Central Clearing Houses for Butchers' Meat" was the title of a paper read by Dr. E. W. Rees Jones, M.D., D.P.H., Medical Officer of Health for Blackpool. The object, he said, was to draw attention to one of the difficulties met with by active public health authorities. The two main causes of the situation—which all agreed required amending—were the inefficiency or absence of meat inspection in the rural districts, and the woeful absence up and down the country of public abattoirs. The amount of butchers' meat efficiently inspected before it passed into the customers' hands was very small in comparison with the total amount consumed. The uninspected meat passed through one of two channels; it was either imported into the towns from adjacent farms (and often the animal was killed because it was ailing), or it was slaughtered in other than public abattoirs.

He suggested in towns the establishment of "clearing houses," where imported meat might be inspected and stamped. Such a system was very desirable in the interests of the public, and also of the butchers. It should, in the first instance, be voluntary. Carcases which were extensively diseased could be so manipulated and cut up that examination of individual joints would not reveal the presence of disease. The inspector in charge of a clearing house should refuse to stamp individual joints. Dressed carcases which had been stripped and were not accompanied by the viscera ought not to be accepted by butchers.

Dr. Barlow, M.O.H., Wallasey, said the inspection of meat was one of the most important parts of public health work. He heartily approved Dr. Jones' suggestion, and emphasised the necessity of the viscera accompanying the carcase.

Mr. J. C. Coleman, M.R.C.V.S., of Swindon, spoke in the same strain, going further, and urging that the viscera should be left attached, so as to show that it really belonged to the animal it was supposed to belong to. In the rural areas public abattoirs were curiosities.

Mr. R. Dalton, of Carlisle, and Mr. Webb, of Leigh, joined in the discussion, the latter saying that it was an acknowledged fact that outside large cities meat inspection was more or less a farce, owing to the fact that any person might slaughter at any time of day or night, provided that it was in a licensed slaughterhouse. It was a question for the State to take up and insist upon all slaughtering being done in State or local abattoirs, and with the meat passing under the eye of competent inspectors. The whole question of food preparation in this country urgently needed the State's attention.

Dr. W. Allen Daley, M.O.H., Bootle, said in this country there was a very elaborate and careful meat inspection to a limited extent. But it did not go far enough. It was rather a reflection upon us that meat was more carefully inspected that was exported from our shores than meat which was used at home.

The section of the Congress devoted to Engineering and Architecture was opened under the presidency of Mr. Walter Cave, F.R.I.B.A, who delivered an address on Domestic Architecture and Sanitation and pointed out various features in the building of a house that chiefly concern architects and have a decided influence on the health of future inhabitants.

M. W. C. Tyndale, M.Inst.C.E., of London, opened a discussion on "The Sanitation of the Country House."

Mr. A. Race, Borough Surveyor of Barrow, followed with a paper on "House Drainage, with some Observations on the Barrow-in-Furness system."

Other subjects under review were "Economical Supply of Hot Water to Artisans' Dwellings," introduced by Alderman H. Burridge, of Bedford; "Recent Experiments in Sewage Treatment," by Mr. J. D. Watson, M.Inst.C.E., of Birmingham; "Self-Purification of a River in an Industrial District," by Mr. J. Crabtree, M.Sc., Manchester; and "Town Planning and Industrial Towns," by Mr. F. W. Platt, Chief Building Surveyor, of Salford.

The President of the Conference of Medical Officers of Health, Dr. Philip Boobbyer, M.O.H., of Nottingham, in his opening address, referred to the lack of uniformity in the allocation of administrative control of health departments, and the confusion, inconvenience and loss of efficiency that arose in consequence.

The first discussion concerned the standard of a habitable house in town and country, applicable to what was broadly termed the working classes. The subject was brought forward by Dr. Dunne, medical officer of health for Doncaster Rural District Council and Bentley Urban District Council, who described the class of house in the scheme initiated by the Urban Council of Bentley for housing the working classes in a typical modern mining community.

Some of the subsequent speakers held the view that a minimum of three bedrooms was necessary, as in the scheme outlined by Dr. Dunne; but others strongly opposed this attitude, and one suggestion was advanced that a reasonable standard would be two persons per room.

Your Medical Officer of Health read a paper on "The Utility of the Hospital Isolation of Diphtheria." The figures on which the paper was based have already been submitted to your Committee in a special report. The paper was followed by a lengthy discussion; but no serious explanation of the remarkable figures put forward was advanced.

In a paper on "Are Unvaccinated Persons a Danger to the Community?" Dr. C. Killick Millard, Medical Officer of Health, Leicester, who opened, agreed that an unvaccinated person was liable to suffer from much more severe attacks of small-pox than a person who had been vaccinated, but he did not agree with the assumption that an unvaccinated person would therefore be more likely to manufacture infection of a more serious type, and to spread it to others. Under modern conditions, the essence of successful prevention of the spread of infection was prompt recognition; and it was a fact that the severe and well-marked cases that usually occurred in unvaccinated persons were much more easily recognised than were the cases that occurred in those who had been vaccinated. The whole of modern experience went to show that under present-day conditions, it was the unrecognised cases of small-pox, especially those of a very mild type, that tended to spread the disease. People who had been recently vaccinated did not take small-pox, but these mild cases that often went unrecognised occurred most frequently among those who had been vaccinated many years before, and whose vaccination, whilst it failed to prevent attack, still had the power of modifying disease.

In the course of discussion it was generally agreed that the views of Dr. Millard should not express any weakening in the attitude of medical officers of health towards vaccination. They thoroughly agreed with the value of vaccination, and wished it to be done thoroughly.

The Veterinary Inspectors sat under the presidency of Mr. J. W. Brittlebank, M.R.C.V.S.

In his opening remarks, the President said veterinary officers were entering more and more into the general field of sanitation. The profession generally was coming into its own, and in doing so its members were but being utilised in spheres of general usefulness to the community for which they were specially fitted by their training. They did not wish to usurp for themselves positions to which they were not entitled; but as professional men, with a highly scientific training, they were entitled to a greater measure of public recognition than they at present obtained.

The inspectors discussed various subjects. Mr. Pillers introduced that of "Some Metazoon Parasites met with in food inspection, and their relation to public health." The subject of the "Working of the Tuberculosis Public Health Regulations of the Local Government Board and Board of Agriculture" was introduced by Mr. Whitehead, and Mr. Male introduced that of the "Eradication of Tuberculosis from Dairy Herds."

Mr. Alfred J. Price, A.M.Inst.,C.E., of Eccles, read a paper on "The Sanitary Side of Town Planning."

The general lay-out of a town calls for careful judgment in locating the various portions for civic, commercial, industrial, and residential purposes. All factories should be confined to one quarter, and situated so that the prevailing winds blow the smoke away from the residential and commercial areas. Factory workers desire to live near their work, and a number of cottages should be built near the factories, although with the introduction of cheap tram fares there is a growing tendency for workers to live somewhat further away from the factories, in areas where land and cottages are cheaper and the atmosphere purer.

The Sanitary Inspectors also had several interesting topics before them in their own particular section, Mr. H. F. Moody, the chief sanitary inspector at Grimsby, being at the head of the Conference.

"The Administration of the Shops Act, 1912-13, by Public Health Authorities" was the subject of a paper by Mr. T. Foley Cass, chief sanitary inspector of Hull, that brought out many points worthy of close consideration.

One of the most important sections was that of "The Hygiene of Infancy and Childhood." Professor H. R. Kenwood, the Chadwick Professor of Hygiene at the University of London, who presided, referred to the means and methods of promoting the knowledge of infant hygiene.

It was certain, he said, that we were but in the early stages of the evolution of infant-care work, and that the future would witness a far better organised and more general effort. When all sanitary authorities were required to make provision, and were empowered to spend money on the acquisition, equipment and suitable staffing of infant-care centres, that branch of public health work would be put upon the footing which its importance demanded.

Mrs. Greenwood, of Finsbury, introduced some problems connected with "The Ex-Baby." Her points were that help was needed for families that came neither under the scope of the Poor Law nor the charity organisations. Many children were being maimed for life by malnutrition and want of hygienic treatment.

She pleaded for the necessity of the inspection of crêches, and urged that something ought to be done to prevent the reckless multiplication of the poor and unfit.

Dr. A. T. Nankivell, medical officer of health for Poole, gave a paper on the care of children under school age, and contended that a certificate of health should precede marriage, that the notification of pregnancy was desirable, and that extended teaching should be given in schools on the subject of domestic hygiene.

Dr. Boobbyer, of Nottingham, urged that they must not think of establishing anything like an official espionage over a matter of such extreme delicate importance as pregnancy. By setting up a system of that sort it might have the effect of putting back the clock of their work.

Dr. Bostock Hill joined in the word of caution. They had to remember that human nature still existed. They wanted to help people and not to hinder them. He did not think they should endeavour to come to a position in which a health certificate should precede marriage. No good would be done by any such efforts. It might possibly come about at some time, but it would result from an extended knowledge, and be quite voluntary.

Mrs. Cloudesley Brereton, of London, pointed out that there was one very great danger in their tremendously concentrated attention upon the very poor. There was a fear that they would give the impression that they imagined quantity and not quality counted. She could not believe that every child was of the same value to the community. The tendency was for all the best stock in the country to be limited, while the decrepits were multiplied without restraint. She felt that by our present course of procedure we were turning the whole world into a hospital. We were tending very much to breed from the inferior, and that was not a sound principle. Generations of good health did count. We should not go on pauperising the middle-classes to keep people alive that never ought to have been born.

Dr. R. A. Askins, of Blackburn, read a paper on "The present position of Ophthalmology in School Hygiene." It was one of the largest branches of school hygiene, and from the point of view of the teacher and of the child was one of the most important. Yet it was admittedly on a most unsatisfactory footing. One of the chief reasons was that most doctors had not had the highly specialised training necessary for ophthalmic work. He urged that the school doctor must be a trained ophthalmologist.

In the course of the discussion Mrs. Cloudesley Brereton observed that we were simply manufacturing blind men and women by the way in which schools were built. She appealed for a curtailment of the school time-table, which demanded so much eye-strain.

The conference of Port Sanitary Authorities was presided over by Mr. W. Collingridge, M.A., M.D., LL.B., D.P.H., of London. In opening the proceedings he said he considered that from a practical point of view, this was one of the most important sections of the conference. Port sanitation in its widest sense was the latest creation of sanitary science, and it had been developed under the enlightened supervision of advanced authorities. The triple aim of port sanitary authorities was to deal effectively with infectious diseases, sanitation of shipping, and the inspection of food supplies.

Dr. Herbert Williams, Medical Officer of Health to the Port of London, opened a discussion on "Insanitary Conditions on Ship Board," and Dr. J. Howard-Jones followed with a paper on "Diseases incident upon Seamen, and their Prevention."

In the discussion, Dr. Perry Norris, of Australia, said he saw no hope whatever for any improvement in the condition of British shipping unless there was a change of heart in British shipping circles. The British standard was the lowest of any country in the world. It was a terrible fact. The only glimmer of hope he had was that those concerned might realise their duty.

Replying to an admirable discussion, Dr. Williams observed that if the people of this country had any idea of the awful conditions under which seamen had to live it would greatly help in the crusade they wished to engage in.

An Exhibition of sanitary appliances was held in connection with the Congress. The Mayor gave a reception to the delegates in the Indian Lounge of the Winter Garden, and much was done by the local Committee in the way of providing facilities for the members to visit places of sanitary or general interest in the neighbourhood, being assisted in this by neighbouring authorities. Your delegates took the opportunity of visiting the Public Abattoir of Blackpool, and the Elswick Sanatorium for Consumptives belonging to the Lancashire County Council.

The sections were held mostly in the Secondary School, and were at times so well attended that it was impossible to gain admission.

The Congress was well attended, there being a total attendance of 1,447; the delegates numbered 499, appointed by 267 authorities. In every way it was regarded as a great success.

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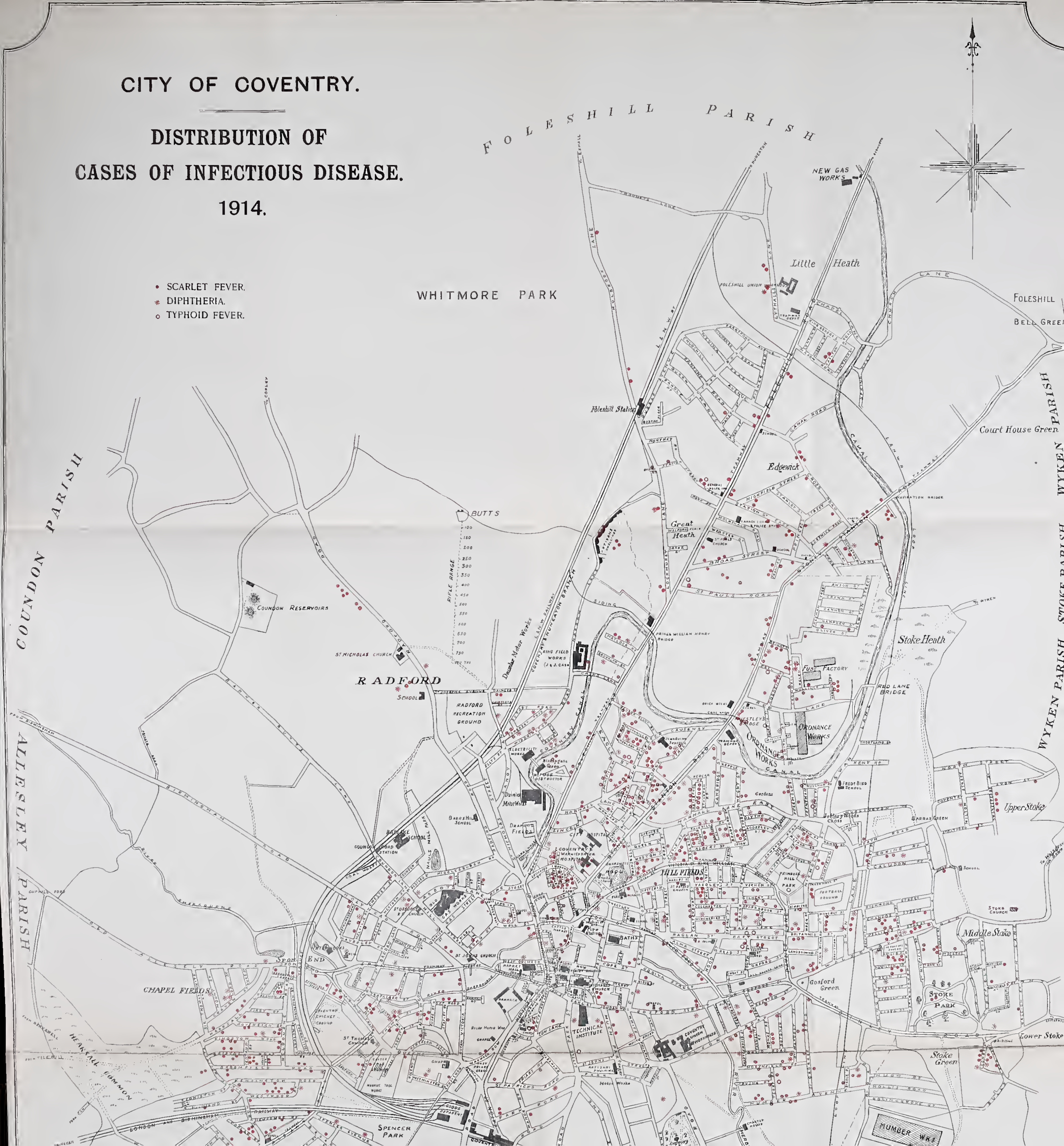
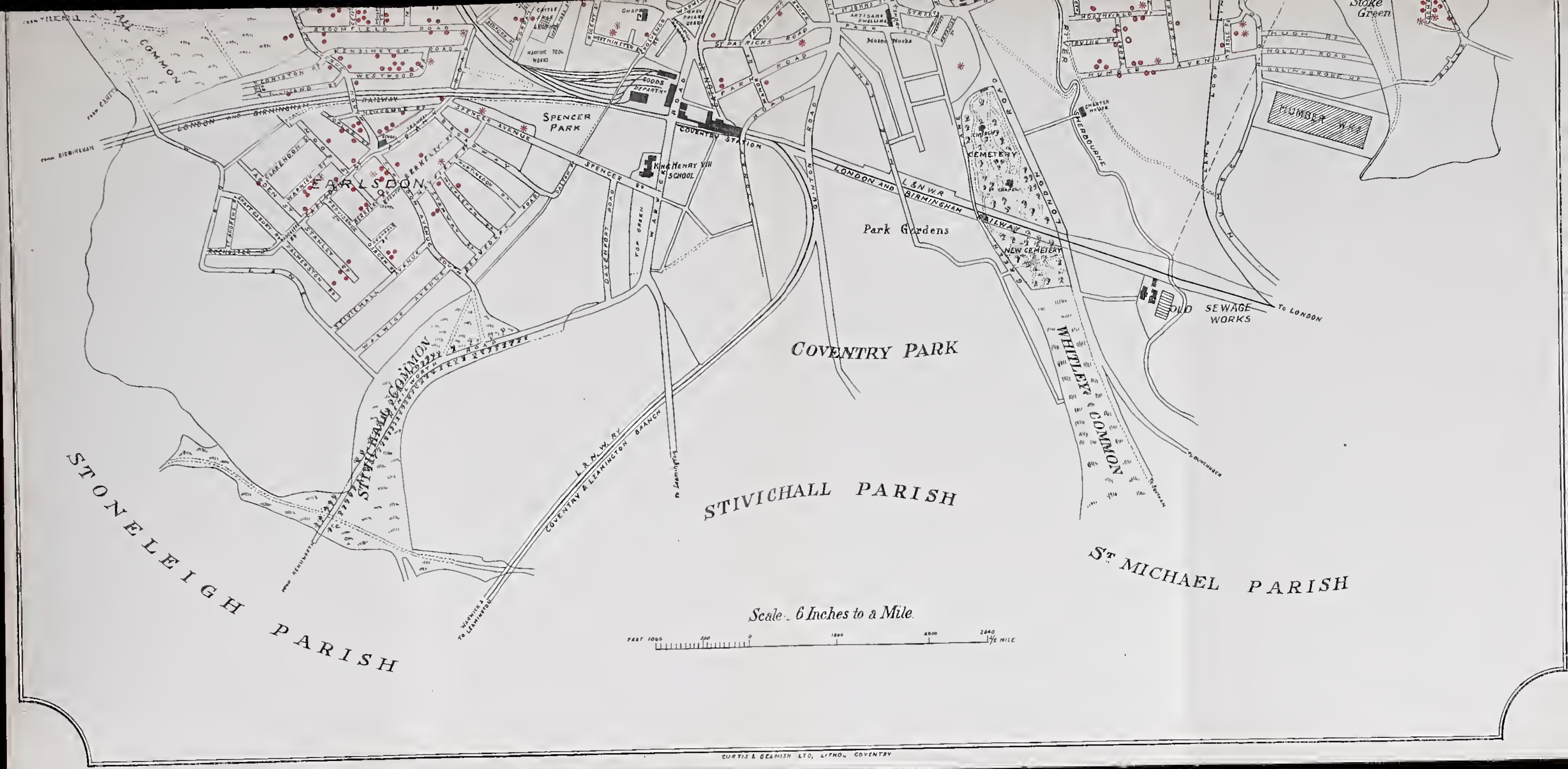
CITY OF COVENTRY.

DISTRIBUTION OF CASES OF INFECTIOUS DISEASE.

1914.





COMMON
Kensington Road
Westwood Rd
Broomfield Road
London and Birmingham Railway
Spencer Park
Spencer Avenue
Earlsdon
Goods Department
Coventry Station
King Henry VIII School
Warwick Road
Davenport Road
Top Green
Quinton Road
L & N.W.R.
Park Gardens
Cemetery
New Cemetery
London Road
Sherbourne
River Sherbourne
Humber Wks
Humber Avenue
Stoke Green
Old Sewage Works
To London
Motor Works
St Patricks Road
Coventry Park
Whitley Common
Stivichall Common
L. & N.W. Ry Coventry & Leamington Branch
Stivichall Parish
St Michael Parish
Stoneleigh Parish
To Dunchurch
To Southam
To Leamington
Warwick & Leamington
To Kenilworth
From Birmingham
Kenilworth Road
Warwick Avenue
Stivichall Avenue
Belvedere Rd
Scale: 6 Inches to a Mile.
Feet 1000 500 0 1000 1800 2640 ½ Mile
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